



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA™

Change of Chapter or State Organization Treasurer

Instructions:

This report is to be prepared by the chapter or state treasurer. A copy is to be emailed to each of the following:

Membership Services Email: mem@dkg.org

State Organization Treasurer (if making a chapter treasurer change)

EIN: _____

Please indicate change: State: Chapter:

Name of Chapter (if making chapter treasurer changes): _____

Geographic Name of State: _____

FROM:

Name: _____ Member ID: _____

Address: _____

City, State, Zip: _____

TO:

Name: _____ Member ID: _____

Address: _____

City, State, Zip: _____

Phone number (include area code): _____

Email address: _____

Date change becomes effective: _____