

## Report of the Death of a Member

## Instructions:

This report is to be prepared by the chapter president immediately upon the death of a member. A copy is to be emailed to each of the following:

Membership Services Email: mem@dkg.org

State Organization Treasurer

State Organization Membership Chair (or Necrology Chair, where applicable)

Chapter	apter State (Geographic Name)					
DKG Member Identification Number			Date of Death			
Name of Deceased Member	□Dr.	(First)	(Middle)	(Last)		
Mailing Address						
City	State		Zip/Postal Code			
(Country)  Delta Kapp	oa Gamma	a Society an	d Professional I	nformation		
Date joined:		·				
Contributions to/participation i	n Delta Kappa	Gamma:				
Contributions to education:						

Name and mailing address of closest relative (specify relationship) or friend: (Sympathy Card will be mailed on behalf of the Society if reported within 3 months of date of death)