**Report of the Death of a Member**

***Instructions:***

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

 **Membership Service Email: mem@dkg.org**

 **State Organization Treasurer: andersond3851@gmail.com**

 **State Organization Membership Chair: mjwilson1545@yahoo.com**

Chapter Click here to enter text.

State: Tennessee

Name of Deceased Member Click here to enter text.

Dr. [ ]  (First, Middle, Last)

DKG Member Identification Number Click here to enter text.

Date of DeathClick here to enter text.

Mailing Address Click here to enter text.

Mailing AddressClick here to enter text.

 (City, State, Zip/Postal Code)

Country Click here to enter text.

 **Delta Kappa Gamma Society and Professional Information**

Date of induction Click here to enter text.

Contributions to/participation in Delta Kappa Gamma Click here to enter text.

Contribution to education Click here to enter text.

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)

Click here to enter text.