**INFORMATION:** (Please fill this out)

|  |  |
| --- | --- |
| Name: | Chapter: |
| Address: | Email address: |
| Resident Phone: | Cell Phone: |
| Work Phone: |  |
| Nominee’s Current Position: |  |

**PLATFORM**

**SOCIETY EXPERIENCE:**

**PROFESSIONAL and COMMUNITY LEADERSHIP:**

**NOMINEE’S PLATFORM:** (In this section, look at Beta Beta State Hawai’i). State how you plan to *promote professional and personal growth of women educators and excellence in education* (DKG BBS Mission). Consider what kind of BBS Leader you envision yourself to be.

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**NOMINEE’S PLATFORM, continued**

**I agree to be nominated/will accept nomination (check one or both):**

**\_\_\_\_\_Only to the office specified**

**\_\_\_\_\_To other State offices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* NOTE: Please have a “head shot” photo ready for submission should you be selected.**

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