TO THE MEMBERSHIP COMMITTEE:

I wish to nominate Dr./Mr./Ms. _____ for membership in the Shreveport-Bossier Chapter of Phi Delta Kappa. I certify that the nominee is of good character, is committed to the goals of Phi Delta Kappa, has maintained a high standard of scholarship, and is dedicated to a career in educational service.

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE NOMINEE:

1. Employer: _____

2. Position or Title: _____

3. Work Location & Address: _____

_____

Nominee's Mailing Address: _____

Home Phone: _____

4. Degrees: _____

_____

5. Reason for Nomination/Outstanding Attributes and Contributions:

_____
_____
_____
_____
_____
_____
_____

_____ _____

Signature of Nominee Date Signature of Nominator (optional) * Date

*You can nominate yourself.

SUBMIT THE COMPLETED APPLICATION TO:

Dana Fergins, M.Ed.
Instructional Coordinator
Sixth Grade Academy
1730 Laurel Street
Shreveport, LA 71103
318.773.9339 Cell
318.226.2579 Office
318.226.0122 Fax