

Consent for Publishing Name, Phone Number, Address, and Photo

On DKG Alpha Beta State Web Page

I, (DKG member name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of Delta Kappa Gamma Alpha Beta State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter grant permission for my name, phone number, email address, mailing address, and photo to be published on the DKG Alpha Beta State Web site in conjunction with committee service, programs/events, etc. within DKG Alpha Beta State.

Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For State President or State Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy to DKG Alpha Beta State WebMaster: yes\_\_\_\_\_ / no\_\_\_\_\_

**Return to:**

Ms. N. Janette Bell, Alpha Beta State President

6305 Taylor Road, Riverdale, MD 20737- 1139