

DELTA THETA CHI SORORITY

BALLOT AND STATEMENT OF QUALIFICATIONS

**SELECTION OF CANDIDATES FOR THE OFFICE OF
NATIONAL PRESIDENT OR NATIONAL VICE PRESIDENT**

Name of Candidate: _____ Chapter: _____

Address: _____

Submitted by: _____ (Name of Chapter or Province)

For the Office of National _____

Qualifications

Does she meet the eligibility requirements as stated in our National Constitution and Bylaws? ____

Is she a member in good standing? _____

Has she consented to serve if elected? _____

How long has she been a member of Delta Theta Chi Sorority? _____

Has she ever had inactive or non-participating status? _____

If yes, how long? _____

In your cover letter and/or form of recommendations and qualifications, please include all of the following information as it pertains to this candidate:

- | | |
|--------------------------------------|--|
| 1. Chapter Offices held and dates. | 7. Ability to work with others. |
| 2. Province Offices held and dates. | 8. Counseling abilities. |
| 3. Province and National Committees. | 9. Personal attitude. |
| 4. Business/professional background. | 10. Organizational work habits. |
| 5. Office experience/procedures. | 11. Activities other than Delta Theta Chi. |
| 6. Committee work and activities. | 12. Executive ability. |

The above candidate was considered in a regular (or called) meeting, and, upon motion duly made, seconded and carried by a majority vote of members, was chosen as our nominee for selection of a candidate for the National office so designated above.

(Full name of Chapter or Province)

Chapter or Province President

Chapter or Province Recording Secretary

Date: _____

Deadline dates: December 1st ----- Chapters to Province President
February 1st ----- Province Presidents to National Office