**HAWAI`I ALPHA DELTA KAPPA**

**Candidate Application Form for State Office**

*(Note: Please attach a photo or digital copy of yourself.)*

Candidate for the Office of:

Name:

Address:

Phone: Email:

Alpha Delta Kappa information: Date Initiated Chapter

International Conventions attended:

Regional Conferences attended:

Chapter Offices held:

State Offices held: ­

Committee Chairmanships *(Specify state or chapter):*

Education: College(s) Major(s)

Degree(s) Date(s)

Teaching/Professional Experiences:

Do you have a specific goal or reason for applying for this position?

Submitted by: Chapter President Date:

Send to Carole Takehara 1735 Kaweloka Place Pearl City, HI 96782, or email to [takeharac003@hawaii.rr.com](mailto:takeharac003@hawaii.rr.com) by November 10, 2019.

*To input info, click on the 2nd space on the line you wish to input your info. CanAppForm2019*