



# Chapter Visit Request Form 2019-2021

Date \_\_\_\_\_

Chapter/s Requesting Visit \_\_\_\_\_ Region \_\_\_\_\_

Chapter President \_\_\_\_\_ Preferred # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Contact Name (if other than president) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

**Meeting Date, Time, Location: Please provide all requested information.**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**Officer will be**

- Guest
- Presenter, topic: \_\_\_\_\_
- Conducting Chapter Ceremony (Member Induction, Officer Installation, etc.)
- Attending Birthday Celebration \_\_\_\_\_ Year
- Other \_\_\_\_\_

If state president is **not available** would you like another state officer to visit?  Yes  No

Did your chapter **request** a visit from the state president last year?  Yes  No

Did your chapter **receive** a visit from a state officer or regional director last year?  Yes  No

If so, please list officers – \_\_\_\_\_

**Send request to Dr. Teresa H. Cowan, NC DKG President**  
**cowan2019eta@gmail.com or 26 Wolf Rd., Asheville, NC 28805**

**Maintain a copy for your records.**