



## Chapter Visit Request Form 2023-2025

Date \_\_\_\_\_

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

Chapter President \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

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

Send request to Executive Secretary Elizabeth Miars at  
ncdkgexecsec@gmail.com. Maintain a copy for your records.