

**Mississippi Alpha Delta Kappa  
State Officer Candidate Form  
2020-2022**

Candidate: \_\_\_\_\_

(Name)

(Attach Photo Here)

\_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City)

(State)

(Zip)

Candidate for the Office of State \_\_\_\_\_

Chapter \_\_\_\_\_ Number of Years in Alpha Delta Kappa \_\_\_\_\_

Offices Held in Alpha Delta Kappa

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

State : \_\_\_\_\_

Regional: \_\_\_\_\_

International \_\_\_\_\_

Alpha Delta Kappa Committee Assignments: \_\_\_\_\_

Conventions/Conferences Attended

State \_\_\_\_\_

Regional \_\_\_\_\_

International \_\_\_\_\_

Educational Background

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching Experience \_\_\_\_\_

Honors/Awards:

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Civic/Church  
Organizations

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Other  
Information

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Submitted by: \_\_\_\_\_  
(Chapter)

\_\_\_\_\_  
(Chapter President's Signature)

Signature of Nominee \_\_\_\_\_

\_\_\_\_\_  
(date)

**Please mail completed form and photo to:**

**Linda Carter  
2333 Ashland  
Southaven, MS 28671  
[lindadcarter12@yahoo.com](mailto:lindadcarter12@yahoo.com)**

**Deadline: Jan. 15, 2020**