



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA™

Member Media Usage Permission Form

I, _____, hereby grant permission to
_____ Chapter of Oregon State Organization to create, copy, reproduce, exhibit, publish or distribute **my image, name and email address** in chapter, state and international projects, publications, presentations and/or in public media.

I understand that the above uses may include but are not limited to video, photographs, websites, multimedia programs or other types of promotional media existing now or in the future. State and chapter websites especially, and all media listed above, must comply with DKG International Policies and Procedures for privacy and copyright issues.

I also grant permission for **my home address, my mailing address and my phone number/s** to be published in my chapter's yearbook and possibly in Oregon State Organization's Leadership Directory to be shared with members in my Chapter, and **as needed** with other DKG members.

_____ Name (Please print.)	_____ DOB
_____ Address	_____ Phone
_____ City, State, Zip Code	_____ Email
_____ Signature	_____ Date

Please return paper forms to the state administrative secretary, Bonita Fillmore, 1803 Lancaster Ave., Klamath Falls, OR 97601 or scanned PDF forms to bfillmore55@q.com. Address questions to state president.