Chapter: Name of sister to be honored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name at time of initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initiation Chapter: \_\_\_\_\_\_\_\_\_ City and state where initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PLEASE ANSWER AS COMPLETELY AS POSSIBLE (Use other side or extra sheet as necessary):

If you would prefer, you may write your own biography including the information suggested below.

The text should be no more than 200-225 words.

### Other chapters where you belonged - state and year, if known:

### P.E.O. activities, including offices held:

### Family members who are P.E.O. sisters:

### Other family members (husband, years married, occupation, children, grandchildren, etc.):

### Education (including name of school, college or university) and/or Professional Life (career, jobs held):

### Other activities, honors, hobbies, interests (community, church, travel, etc.):

**Please include a “special” memory you have of a P.E.O. activity, relationship, or funny experience.**

Will you be coming to convention to receive this recognition? Circle one YES NO

Will you and your guests be at the luncheon? Circle one YES NO

Has the chapter made the necessary reservations? Circle one YES NO

Name of escort and relationship to honoree:

\*\*\*PLEASE SEND OR EMAIL ONE OR TWO PHOTOGRAPHS FOR DISPLAY AT CONVENTION. The pictures will be returned at convention. If you can email your photos it would be greatly appreciated to NJPEOTreasurer@gmail.com

## Please return form and ***pictures*** by Feb. 28, 2024 to: Mary Levitsky, NJ State Chapter Treasurer

 24 5th Street, Frenchtown, NJ 08825

 908-256-6839

 E-mail: NJPEOTreasurer@gmail.com

Form completed by: Telephone number: ( )

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_