



**2026 Georgia
 State Convention**
Early Registration
by April 8, 2026 - \$215.00
Late Registration -
April 9 - April 20, 2026 - \$225.00

NAME:
PREFERRED NAME ON BADGE:
CHAPTER:
DISTRICT:
ADDRESS:
CITY, STATE, ZIP
GUEST:
GUEST:
PHONE:
EMAIL:

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/>	Chapter Delegate
<input type="checkbox"/>	Chapter Alternate
<input type="checkbox"/>	District Delegate (Chair only)
<input type="checkbox"/>	State Delegate (state officer, past state president, state committee chair)
<input type="checkbox"/>	Non-voting member
<input type="checkbox"/>	First Timer
<input type="checkbox"/>	Violet Sister (10 membership years)
<input type="checkbox"/>	Silver Sister (25 membership years)
<input type="checkbox"/>	Sapphire Sister (35 membership years)
<input type="checkbox"/>	Golden Sister (50 membership years)
<input type="checkbox"/>	Diamond Sister (60 membership years)
<input type="checkbox"/>	Platinum Sister (70 membership years)
<input type="checkbox"/>	Have you been initiated, reinstated, or transferred into your chapter during June 2024 to May 2026 biennium?
<input type="checkbox"/>	If you were a new initiate or reinstated member during the biennium, what was your sponsor's name? _____
<input type="checkbox"/>	Chorus / Choir Participant
<input type="checkbox"/>	Sergeant-at-Arms Volunteer

Member Registration:

Please fill in the amounts for all areas that apply.

Early Convention Registration by April 8, 2026 - (\$215.00)	\$
Late Convention Registration April 9 - April 20, 2026 (\$225.00)	\$
TOTAL FOR MEMBER REGISTRATION	\$
GUESTS: Please list names on the left side of the form. USE back if needed. Guest tickets may be purchased for non-members only.	
Awards \$45.00	\$
Reception and Banquet \$81.00	\$
Transitional Breakfast \$57.00	\$
TOTAL FOR GUESTS	\$
Ways & Means Skirted table w/ 2 chairs (\$20.00 - half table)	\$
Ways & Means Skirted table w/ 2 chairs (\$40.00 - whole table)	\$
Altruistic Donation to Children Healthcare of Atlanta - (suggestion of \$10 or more per chapter or sister)	\$
TOTAL AMOUNT ENCLOSED	\$

FOOD RESTRICTIONS: _____

MOBILITY / SPECIAL NEEDS: _____

**MAIL REGISTRATION FORM(S) AND CHECK(S)
 PAYABLE TO:**

GA ALPHA DELTA KAPPA

Pat Smith
105 Hill Street
Thomaston, GA 30286
adkpbs97@gmail.com
Phone Number: (706) 975-1064

**** If your chapter members would like to sit together at the meal functions, please send all registration forms in together.**

***** Registration not available online.**