



PHI DELTA KAPPA INTERNATIONAL PROFESSIONAL MEMBERSHIP APPLICATION

More than 65,000 members at all levels and in all areas of education know the value of PDK membership. PDK can help you be your best. The knowledge you acquire through membership will prepare you to meet the challenges of your current position or a new position in the future.

Phi Delta Kappa International
408 N. Union, P.O. Box 789
Bloomington, IN 47402-0789
Phone 800-766-1156 or
812-339-1156
Fax 812-339-0018
www.pdkintl.org
membership@pdkintl.org

YOUR MEMBERSHIP INCLUDES –

- 10 issues of the most cited journal in education, the **Phi Delta Kappan**, including the digital **Kappan** and selected articles in audio format
- 3 issues of the **PDK Connection**, print and digital format
- 5 issues of **Edge: The Latest Information for the Education Practitioner**, digital and audio format
- 10 issues of **Topics and Trends: The Informed Administrator**, digital format
- 5 issues of **Classroom Tips**, digital format

AND YOU HAVE ACCESS TO –

- Discounted member rates for PDK’s annual conference, professional development workshops, and PDK publications
- International and local scholarship programs
- Networking, leadership, and service opportunities
- Voting privileges
- Group rates on professional liability, health, life, and auto insurance

Professional membership is available to persons who demonstrate professional conduct and who hold a baccalaureate degree, are licensed or credentialed as educators, are employed in an education-related field, or are undergraduate education majors who are participating in or have completed student teaching. The purpose of Phi Delta Kappa International is to promote quality education, in particular publicly supported education, as essential to the development and maintenance of a democratic way of life. Completing this application indicates your support of this purpose.

(Please print clearly)

NAME _____ (Last) _____ (First) _____ (Middle)

PREFERRED FIRST NAME _____ PREFERRED E-MAIL ADDRESS _____

HOME ADDRESS _____ WORK ADDRESS _____

STREET / P.O. BOX _____ EMPLOYER (no acronyms please) _____

CITY _____ STREET / P.O. BOX _____

STATE/PROVINCE _____ ZIP/POSTAL CODE _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

HOME PHONE _____ FAX _____ WORK PHONE _____ FAX _____

ABOUT YOU

Date of Birth _____ (mo/day/yr) Male Female Student Teacher BS/BA MS/MA Doctorate

Current Position (check one)

- | | | |
|--|--|---|
| <p>TEACHER</p> <p>10 ___ preschool</p> <p>11 ___ elementary</p> <p>12 ___ middle/junior high school</p> <p>13 ___ high school</p> <p>14 ___ junior/community college</p> <p>15 ___ vocational/technical school</p> <p>16 ___ college/university</p> <p>3H ___ student teacher</p> | <p>ADMINISTRATOR</p> <p>20 ___ preschool</p> <p>21 ___ elementary</p> <p>22 ___ middle/junior high school</p> <p>23 ___ high school</p> <p>27 ___ assistant superintendent/system</p> <p>28 ___ superintendent/system</p> <p>24 ___ junior/community college</p> <p>25 ___ vocational/technical school</p> <p>26 ___ college/university</p> | <p>OTHER</p> <p>37 ___ librarian</p> <p>39 ___ counselor</p> <p>30 ___ graduate student</p> <p>3A ___ educational consultant</p> <p>3B ___ professional staff</p> <p>3C ___ business/industry</p> <p>3D ___ retired</p> <p>3E ___ other (please specify) _____</p> |
|--|--|---|

REFERRAL INFORMATION (optional)

Please enter the name and ID number of the member who referred you to Phi Delta Kappa.

Member Name (please print) _____ Member ID number | | | | | | | |

MEMBER SURVEY

What prompted you to join PDK? *(Check all that apply.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Colleague recommended
<input type="checkbox"/> 2 Supervisor recommended
<input type="checkbox"/> 3 Professor recommended
<input type="checkbox"/> 4 KAPPAN journal
<input type="checkbox"/> 5 PDK/Gallup Poll
<input type="checkbox"/> 6 Publications/products | <input type="checkbox"/> 7 Training/workshop
<input type="checkbox"/> 8 Advertisement
<input type="checkbox"/> 9 Promotional brochure
<input type="checkbox"/> 10 Website/internet
<input type="checkbox"/> 11 Conference
<input type="checkbox"/> 12 Direct mail | <input type="checkbox"/> 13 Affiliation with a professional association
<input type="checkbox"/> 14 Former member
<input type="checkbox"/> 15 Other: _____
(please specify) |
|--|--|---|

What are your professional needs? *(Check all that apply.)*

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Resources/information
<input type="checkbox"/> 2 Networking
<input type="checkbox"/> 3 Discounts on products/services
<input type="checkbox"/> 4 Résumé development | <input type="checkbox"/> 5 Local chapter activities
<input type="checkbox"/> 6 Volunteer leadership opportunities
<input type="checkbox"/> 7 Scholarships/awards
<input type="checkbox"/> 8 Professional liability insurance | <input type="checkbox"/> 9 Professional development
<input type="checkbox"/> 10 Other: _____
(please specify) |
|---|---|--|

AFFILIATION AND PAYMENT

OPTION #1: CHAPTER-AFFILIATED MEMBERSHIP

To locate a chapter name, number, and dues amount, please visit our website at www.pdkintl.org.

I want to affiliate with the following chapter:

0184 Baylor University

(enter chapter name and number)

Fees:	International Dues	\$	35.00
	Processing Fee	\$	3.00
	Chapter Dues <i>(enter chapter dues amount)</i>	\$	6.00
	Total Fee	\$	44.00

(U.S. DOLLARS)

OPTION #2: MEMBERSHIP WITHOUT CHAPTER AFFILIATION

I do not want to affiliate with a local chapter at this time.
(Please note: Chapter affiliation is available to members at any time upon request.)

Fee: \$85.00

*If you currently have a subscription to the Phi Delta Kappan journal please enter your account number here:
 K_____. Any remaining balance will be refunded after your membership application has been processed.*

PAYMENT

Membership is for one year from the date payment is received at the International Office.

- ANNUAL Auto Renewal.** For uninterrupted service, PDK will bill your credit card at the current renewal rate *once a year* on your anniversary date. Notify PDK to change.
- MONTHLY Auto Renewal.** For uninterrupted service, PDK will bill your credit card at the current renewal rate *monthly* based on your anniversary date. Notify PDK to change.
- STANDARD One-Year Renewal.** Pay with *credit card, check, or money order* in U.S. dollars.

Check payable to Phi Delta Kappa International in the amount of \$ _____ is attached.

Please bill my VISA MasterCard
 Discover American Express

Credit Card

Expiration Date /

 Cardholder's Name (please print)

 Signature Required

 Daytime Telephone

 Date

Please return this form to the PDK Representative listed below:

Edith G. Davis
 One Bear Place #97314
 Waco, Texas 76798

 Applicant's Signature

 Date

 Chapter Representative's Signature

 Office Held

 Date