



Phi Delta Kappa International
408 N. Union Street
Bloomington, IN 47405-3800
Phone 800-766-1156 or
812-339-1156
Fax 812-339-0018
www.pdkintl.org
customerservice@pdkintl.org

PHI DELTA KAPPA INTERNATIONAL PROFESSIONAL MEMBERSHIP APPLICATION

Why a membership in PDK? Review the benefits; you'll be convinced of the value of this global organization of quality educators.

Because we are your quality source for research. Meeting your need for the latest in research, theory, and practice, PDK brings you the *Phi Delta Kappan* (in paper copy, audio, or electronic version), the most referenced educational journal.

Because we provide connection. You can share experiences with other educators through local chapter networks (optional); regionally and globally, we provide forums for gathering national leaders at the annual summit and at workshops.

Because security in all areas is key to success. There is peace of mind in taking care of the basics; we can help with that. You can benefit from group rates on professional liability, health, life, and auto insurance plans.

Because our website hosts a comprehensive searchable archives database available 24 hours a day. With a PDK membership, you have access to a broad publication archive AND 40 years of results from the Annual PDK/Gallup Polls of

the Public's Attitudes Toward the Public Schools. Results from these Gallup Polls are available at no extra cost.

Because everyone wants to save money. Our scholarships and fellowships could be an economic benefit you've not considered, and don't forget the considerable discounts on publications, professional development registration costs, and even international travel.

Because professional enhancement is essential to your career. We want to help highlight your excellence in education. PDK service awards and opportunities for volunteer leadership will enhance your record of good works and accomplishments.

Because educators need practical resources. PDK's quick-read e-bulletins offer classroom tips, summaries for informed administrators, and the latest information for the education practitioner—most are available for redistribution without copyright infringement. Take them, use them, love them.

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 _____

ADDRESS INFORMATION

PRIMARY/DEFAULT ADDRESS

STREET / P.O. BOX _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

COUNTRY _____

HOME PHONE _____

OFFICE PHONE _____

EXT. _____

CELL PHONE _____

FAX _____

PRIMARY E-MAIL ADDRESS _____

SECONDARY E-MAIL ADDRESS _____

ADDITIONAL ADDRESSES (Use check boxes accordingly)

☐ Snow Bird (From _____ to _____) ☐ Work

STREET / P.O. BOX _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

COUNTRY _____

☐ Snow Bird (From _____ to _____) ☐ Work

STREET / P.O. BOX _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

COUNTRY _____

ABOUT YOU

Date of Birth _____
(mo/day/yr)

☐ Male ☐ Female

Highest Degree Achieved (choose one):

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> A.A./A.S. | <input type="checkbox"/> M.D. |
| <input type="checkbox"/> B.A./B.S. | <input type="checkbox"/> M.F.A. |
| <input type="checkbox"/> D.D.S. | <input type="checkbox"/> M.L.S. |
| <input type="checkbox"/> D.O. | <input type="checkbox"/> M.S.W. |
| <input type="checkbox"/> Ed.S. | <input type="checkbox"/> Ph.D./Ed.D. |
| <input type="checkbox"/> J.D. | |
| <input type="checkbox"/> M.A./M.S. | |
| <input type="checkbox"/> M.B.A. | |

Current Occupational Category (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Early Childhood/Preschool | <input type="checkbox"/> Association/Nonprofit Org. |
| <input type="checkbox"/> K-12 Instruction | <input type="checkbox"/> Student |
| <input type="checkbox"/> K-12 Administration | <input type="checkbox"/> Retired |
| <input type="checkbox"/> State Education Agency | <input type="checkbox"/> Independent Educ Consultant |
| <input type="checkbox"/> Higher Ed Instruct-2 Yr. Inst | <input type="checkbox"/> Business/For Profit Co. |
| <input type="checkbox"/> Higher Ed Instruct-4 Yr. Inst/Grad Inst | <input type="checkbox"/> Local/State/Fed Govt Official |
| <input type="checkbox"/> Higher Ed Admin-2 Yr. Inst | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Higher Ed Admin-4 Yr. Inst/Grad Inst | |

To best serve you as a PDK member, please take a moment to complete your membership profile online after your membership is processed. (Instructions for completion of this task will be communicated in your new member welcome packet.) Online, you may further define your specialty, title, etc.

(OVER)

PDK maintains a database of information for inclusion in our online member-only membership directory. Please check the items you would like included in the directory. Note: Name, city, state, zip, and e-mail are included by default.

☐ Full address ☐ Home phone ☐ Office phone ☐ Office fax ☐ Personal or business web page (URL: ☐ _____)

REFERRAL INFORMATION (optional)

Please enter the name and ID number of the member who referred you to PDK.

Member Name (please print) _____ Member ID number

MEMBER SURVEY

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

- | | | |
|---|--|---|
| 1 <input type="checkbox"/> Colleague recommended | 6 <input type="checkbox"/> Publications/products | 11 <input type="checkbox"/> Conference |
| 2 <input type="checkbox"/> Supervisor recommended | 7 <input type="checkbox"/> Training/workshop | 12 <input type="checkbox"/> Direct mail |
| 3 <input type="checkbox"/> Professor recommended | 8 <input type="checkbox"/> Advertisement | 13 <input type="checkbox"/> Affiliation with a professional association |
| 4 <input type="checkbox"/> KAPPAN journal | 9 <input type="checkbox"/> Promotional brochure | |
| 5 <input type="checkbox"/> PDK/Gallup Poll | 10 <input type="checkbox"/> Website/Internet | |

AFFILIATION AND PAYMENT

OPTION #1: CHAPTER-AFFILIATED MEMBERSHIP

To locate a chapter name, number, and dues amount, please visit our website at www.pdkmembers.org/members_online/members/chaplist.asp

☐ I want to affiliate with the following chapter:

(enter chapter name and number)

Fees:	International Dues	\$70.00
	Processing Fee	\$ 5.00
	Chapter Dues	\$ _____
	(enter chapter dues amount)	
	Total Fee	\$ _____
		(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.)

Fees:	International Dues	\$70.00
	Regional Fee	\$15.00
	Processing Fee	\$ 5.00
		\$90.00
		(U.S. DOLLARS)

If you currently have a subscription to the Phi Delta Kappan please indicate here: ☐

Please return this form to the PDK Representative listed below:

Phi Delta Kappa International
408 N. Union Street
Bloomington, IN 47405-3800
USA
(Chapters place your labels here)

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

Applicant's Signature

Date

Chapter Representative's Signature

Office Held

Date