The Professional Association in Education

PDK International

Phi Delta Kappa International
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Fax 812-339-0018
www.pdkintl.org
membership@pdkintl.org

PHI DELTA KAPPA INTERNATIONAL GIFT MEMBERSHIP FORM

Would you like to be the benefactor to a young educator? Would you like to encourage PDK membership by assisting a young teacher with the first year dues to this wonderful organization?

If you are a PDK member, you are likely well aware of the countless resources available in this global organization. You likely enjoy the *Kappan*, networking, professional development opportunities, travel, timely publication resources, and much, much more.

Now you can open this same window of opportunity for a young educator by gifting a membership to him or her. Just complete the form below and send it, along with payment, to the International Office. We will make sure that the recipient is appropriately awarded and is made known of your generosity.

Please see requirements for each category to decide appropriate membership type. ☐ Professional ☐ Student

(Please print clearly)

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

PREFERRED FIRST NAME

PREFERRED E-MAIL ADDRESS

RECIPIENT ADDRESS INFORMATION

PRIMARY MAILING ADDRESS (Professional) or
HOME MAILING ADDRESS (Student)

STREET / P.O. BOX

CITY

STATE/PROVINCE ZIP/POSTAL CODE

HOME PHONE FAX

SCHOOL / WORK ADDRESS (Professional) or
CAMPUS ADDRESS (Student)

EMPLOYER OR CAMPUS ADDRESS (no acronyms please)

STREET / P.O. BOX

CITY STATE/PROVINCE ZIP/POSTAL CODE

WORK/SCHOOL PHONE FAX

ABOUT RECIPIENT

Current Position (check one)

TEACHER
10 ___ preschool
11 ___ elementary
12 ___ middle/junior high school
13 ___ high school
14 ___ junior/community college
15 ___ vocational/technical school
16 ___ college/university
3H ___ student teacher

ADMINISTRATOR
20 ___ preschool
21 ___ elementary
22 ___ middle/junior high school
23 ___ high school
27 ___ assistant superintendent/system
28 ___ superintendent/system
24 ___ junior/community college
25 ___ vocational/technical school
26 ___ college/university

OTHER
31 ___ school psychologist
37 ___ library/media specialist
39 ___ counselor
30 ___ graduate student
3A ___ educational consultant
3B ___ professional staff
3C ___ business/industry
3D ___ retired
3E ___ other (please specify)_____

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

For student gift memberships: Date of expected student teaching _____ Date of expected graduation_____

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior Area of Study_____

Name of School: _____

REFERRAL INFORMATION

As the benefactor of this gift membership, please enter your name and PDK ID number.

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

Relationship to recipient: ☐ Friend ☐ Family Member ☐ Other _____

Benefactor Address _____
STREET / P.O. BOX

CITY

STATE/PROVINCE ZIP/POSTAL CODE

Benefactor E-mail Address _____

(OVER)

AFFILIATION AND FEES

OPTION #1: CHAPTER-AFFILIATED PROFESSIONAL MEMBERSHIP

To locate a chapter name, number, and dues amount, please visit our website at **www.pdkintl.org/joinpdk/chaplist.htm.**

☐ I would like to select the following chapter affiliation for this gift recipient:

_____
(enter chapter name and number)

Fees:		
	International Dues	$70.00
	Processing Fee (WAIVED)	~~$ 5.00~~
	Chapter Dues *(enter chapter dues amount)*	$ _____
	Total Fee	$ _____ (U.S. DOLLARS)

OPTION #2: PROFESSIONAL MEMBERSHIP WITHOUT CHAPTER AFFILIATION

☐ I do not wish to select a local chapter affiliate for the gift recipient at this time.
(Please note: Chapter affiliation is available to members at any time upon request.)

Fee: $85.00 (U.S. DOLLARS)

OPTION #3: CHAPTER-AFFILIATED STUDENT MEMBERSHIP*

To locate a chapter name, number, and dues amount, please visit our website at **www.pdkintl.org/joinpdk/chaplist.htm.**

☐ I would like to select the following chapter affiliation for this gift recipient:

_____
(enter chapter name and number)

Fees:		
	International Dues	$35.00
	Chapter Dues *(enter one-half the chapter dues amount)*	$ _____
	Total Fee	$ _____ (U.S. DOLLARS)

* Dues for chapter-affiliated undergraduate student membership comprise one-half international dues and one-half chapter dues.

OPTION #4: STUDENT MEMBERSHIP WITHOUT CHAPTER AFFILIATION*

☐ I do not wish to select a local chapter affiliate for the gift recipient at this time.
(Please note: Chapter affiliation is available to members at any time upon request.)

Fees:		
	International Dues	$35.00
	Regional Membership Development Fee	$ 7.50
	Total Fee (U.S. DOLLARS)	$42.50

* Dues for undergraduate student membership without chapter affiliation comprise one-half international dues and one-half the regional membership development fee.

PAYMENT

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

☐ **ANNUAL Auto Renewal Gift.** For uninterrupted service, PDK will bill your credit card (must remain valid) at the current renewal rate *once a year* on the renewal date of the gift recipient. Notify PDK to change.

☐ **STANDARD One-Year Gift.** 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:

Phi Delta Kappa International
P.O. Box 789
Bloomington, IN 47402-0789
USA

_____ _____
Benefactor Signature Date