



PDK INTERNATIONAL SENIOR MEMBERSHIP APPLICATION

After many years of service to the education profession you deserve a well-earned reward. Senior membership provides you with great services and benefits, uninterrupted contact with the association, and a way to support the belief that excellence in education is essential to the future of a free society. Enjoy all of the services and benefits of a PDK professional membership at one-half the dues you are now paying.

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
membership@pdkintl.org

Senior membership may be granted by the International Board, upon request of the member, to the professional member in good standing who has attained the age of 60 years and is retired from a primary education position. Senior membership may be granted, regardless of age, to a member who has retired from a primary education position because of a permanent disability (as evidenced by appropriate documentation), provided that the member has at least 10 years of good-standing membership prior to applying for senior membership.

- Senior membership is subject to approval.
- Dues for non-chapter-affiliated senior members comprise one-half international dues and one-half the regional membership development fee.
- Dues for chapter-affiliated senior members comprise one-half international dues plus one-half chapter dues.
- Senior dues become effective during the next renewal cycle.
- Senior membership is not retroactive.
- Senior membership is not available to first-year members.

(Please print clearly)

NAME _____ (LAST) (FIRST) (MIDDLE)

MEMBER ID _____ CHAPTER NUMBER _____ PREFERRED FIRST NAME _____

STREET / P.O. BOX _____ PREFERRED E-MAIL ADDRESS _____

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

QUALIFICATIONS

- I am retired and have reached 60 years of age.
- Date of Retirement _____ (MO/DAY/YR)
- Date of Birth _____ (MO/DAY/YR)
- I am retired due to a permanent disability and have at least 10 years of good-standing membership. (Documentation of permanent retirement due to a disability must be attached.)
- Date of Retirement _____ (MO/DAY/YR)
- Date of Disability _____ (MO/DAY/YR)

Please choose the most appropriate retirement category:

- Fully retired Partially retired; working in educational sector Partially retired; working in the non-educational sector

SIGNED _____ DATE _____

FOR PDK USE ONLY

Approved

Not approved

Reason: _____
