



PHI DELTA KAPPA INTERNATIONAL
The Professional Association in Education

Application for Membership Reinstatement

An individual is considered to be a former member when his/her name no longer appears on the association's membership list. Former members may reinstate their membership by paying dues for the ensuing year and a reinstatement fee. The transaction may be completed online, by phone, fax, or by mailing this form to the international office.

NAME (Last) (First) (Middle) MEMBERSHIP ID#

MAILING ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE

HOME PHONE FAX

OFFICE PHONE FAX

PREFERRED E-MAIL ADDRESS

Most Recent Affiliation (please select one)

Chapter affiliated member (chapter name/number)

Annual chapter dues

Non-chapter affiliated member

Notes:

Reinstatement Request (please select one)

Reinstate my membership in the following chapter (chapter name/number)

Annual chapter dues

Reinstate me as a non-chapter affiliated member

Fees

Table with 4 columns: Category, Item, Amount, and Note. Includes rows for Chapter Affiliated Reinstatement and Non-Chapter Affiliated Reinstatement.

Payment

Check enclosed payable to Phi Delta Kappa International in the amount of \$

Bill my VISA MasterCard Discover American Express

Card # Exp. Date

CARDHOLDER'S NAME (please print) DAYTIME PHONE

SIGNATURE DATE

Forward to: PHI DELTA KAPPA INTERNATIONAL • 408 N. Union Street, Indiana 47405-3800
Phone: 812/339-1156 or 800/766-1156 • FAX: 812/339-0018
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