



PDK INTERNATIONAL® UNDERGRADUATE STUDENT MEMBERSHIP APPLICATION

Undergraduate student membership is available to people who are enrolled in an accredited education program and apply prior to student teaching. If you are engaged in or have completed your student teaching, you are eligible for professional membership. For more information about this and other PDK membership options visit www.pdkintl.org.

With membership in PDK, you can:

Access quality education publications and resources, such as:

- *Phi Delta Kappan* magazine, a must-read for those in the education profession, published eight times per year
- The *Kappan Professional Development Study Guide*, a supplement to the magazine with ideas for using articles for professional learning
- *Classroom Tips*, one-page essays that provide topical and timely advice for classroom teachers
- The online archives of the PDK/Gallup Poll on the Public's Attitudes Towards the Public Schools
- *Education Week*, a publication of Editorial Projects in Education, at a discounted rate

Connect with movers and shakers in the field:

- Network locally through PDK chapter events
- Make new connections at the annual PDK conference
- Find people in your area using the online member directory

Continue your professional growth:

- Share educational experiences with others through the PDK International Travel Program
- Participate in free professional development webinars offered throughout the year
- Attend the annual conference where you can learn from acclaimed keynote and featured speakers

Gain support and recognition for your accomplishments:

- Apply for a number of PDK-sponsored scholarships and academic awards, including the PDK Dissertation Award
- Earn recognition through various professional awards programs, project grants, fellowships, and leadership opportunities

PDK International
 P.O. Box 7888
 Bloomington, IN 47407-7888
 Phone 800-766-1156 or
 812-339-1156
 Fax 812-339-0018
www.pdkintl.org
memberservices@pdkintl.org

The mission of PDK 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 (HOME)/DEFAULT ADDRESS

STREET / P.O. BOX _____
 CITY _____
 STATE/PROVINCE _____ ZIP/POSTAL CODE _____
 COUNTRY _____
 HOME PHONE _____
 OFFICE PHONE _____ EXT. _____
 CELL PHONE _____
 FAX _____
 PRIMARY EMAIL ADDRESS _____
 SECONDARY EMAIL ADDRESS _____

ADDITIONAL ADDRESSES (Use check boxes accordingly)

Campus Work

STREET / P.O. BOX _____
 CITY _____
 STATE/PROVINCE _____ ZIP/POSTAL CODE _____
 COUNTRY _____

Campus Work

STREET / P.O. BOX _____
 CITY _____
 STATE/PROVINCE _____ ZIP/POSTAL CODE _____
 COUNTRY _____

ABOUT YOU

Date of Birth _____ Male Female
 (MO/DAY/YR)

So that we can best serve you, 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 field of interest/specialty, ethnicity (optional), etc.

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 (six digit number) _____

INTRODUCE PDK TO ANOTHER STUDENT

Please take a moment to introduce PDK to another student. Simply complete the information below and information will be forwarded.

STUDENT'S NAME _____

STREET/P.O. BOX _____

APT. _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

EMAIL ADDRESS _____

COLLEGE OR UNIVERSITY STUDENT IS ATTENDING _____

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"/> <i>Kappan</i> magazine | 9 <input type="checkbox"/> Promotional brochure | |
| 5 <input type="checkbox"/> PDK/Gallup poll | 10 <input type="checkbox"/> Web site/Internet | |

AFFILIATION AND PAYMENT

OPTION #1: CHAPTER-AFFILIATED MEMBERSHIP*

To locate a chapter name, number, and dues amount, please visit our web site at www.pdkintl.org/about/find.htm.

I want to affiliate with the following chapter:

(ENTER CHAPTER NAME AND NUMBER)

Fees:	International Dues	\$40.00
	One-time Processing Fee	\$ 5.00
	Chapter Dues	\$ _____
	<i>(enter one-half the chapter dues amount)</i>	
	Total Fee	\$ _____
		(U.S. DOLLARS)

*Dues for chapter-affiliated undergraduate student membership comprise a discounted international dues amount (\$40) and one-half chapter dues.

PAYMENT

Membership is for one year from the date payment is received at the international office. Choose your enrollment plan.

- 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 PDK International in the amount of \$ _____ is attached.

Please bill my VISA MasterCard
 Discover American Express

Credit Card Number _____

Expiration Date ____ / ____

CARDHOLDER'S NAME (PLEASE PRINT)

SIGNATURE REQUIRED

DAYTIME TELEPHONE

DATE

Please return this form to the PDK representative listed below:

PDK International
P.O. Box 7888
Bloomington, IN 47407-7888
USA

(Chapters, place your labels here.)

APPLICANT'S SIGNATURE

DATE

CHAPTER REPRESENTATIVE'S SIGNATURE

OFFICE HELD

DATE