



PDK
International

CHAPTER-AFFILIATED

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

PDK INTERNATIONAL® PROFESSIONAL MEMBERSHIP APPLICATION

Professional membership is available to educators and other individuals who are committed to the purposes of the association.

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

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/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)

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 | |

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 specialty, title, 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) _____

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

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 \$75.00
One-time Processing Fee \$ 5.00

Chapter Dues \$ _____

(enter chapter dues amount)

Total Fee \$ _____

(U.S. DOLLARS)

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.)

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 Membership. 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 Number _____

Expiration Date _____ / _____

Cardholder's Name (please print)

Signature (required)

Daytime Telephone

Date

Applicant's Signature

Date

Chapter Representative's Signature

Office Held

Date