

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/about/find.htm.

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

_____ (enter chapter name and number)

Fees: International Dues \$75.00
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: \$90.00 (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/about/find.htm.

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

_____ (enter chapter name and number)

Fees: International Dues \$40.00
Chapter Dues \$ _____
(enter one-half the chapter dues amount)
Total Fee \$ _____
(U.S. DOLLARS)

* Dues for chapter-affiliated undergraduate student membership comprise a discounted international dues amount 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 \$47.50 (U.S. DOLLARS)

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 Number _____

Expiration Date _____ / _____

Cardholder's Name (please print) _____

Signature Required _____

Daytime Telephone _____

Date _____

Please return this form to:

PDK International
408 N. Union Street
P.O. Box 7888
Bloomington, IN 47407-7888
USA

Benefactor Signature _____

Date _____