The Professional Association in Education

PDK International

Phi Delta Kappa International
408 N. Union, P.O. Box 789
Bloomington, IN 47402-0789
Phone 800-766-1156 or
812-339-1156
Fax 812-339-0018
www.pdkintl.org
membership@pdkintl.org

PHI DELTA KAPPA INTERNATIONAL PROFESSIONAL MEMBERSHIP APPLICATION

Why a membership in PDK? Review the benefits; you'll be convinced of the value of this global organization of quality educators.

Because we are your quality source for research. Meeting your need for the latest in research, theory, and practice, PDK brings you the *Phi Delta Kappan* (in paper copy, audio, or electronic version), the most referenced educational journal.

Because we provide connection. You can share experiences with other educators through local chapter networks (optional); regionally and globally, we provide forums for gathering national leaders at the annual summit and at workshops.

Because security in all areas is key to success. There is peace of mind in taking care of the basics; we can help with that. You can benefit from group rates on professional liability, health, life, and auto insurance plans.

Because our website hosts a comprehensive searchable archives database available 24 hours a day. With a PDK membership, you have access to a broad publication archive AND 38 years of results from the Annual PDK/Gallup Polls of the Public's Attitudes Toward the Public Schools. Why pay a fee to download one article at a time?

Because everyone wants to save money. Our scholarships and fellowships could be an economic benefit you've not considered, and don't forget the considerable discounts on publications, professional development registration costs, and even international travel.

Because professional enhancement is essential to your career. We want to help highlight your excellence in education. PDK service awards and opportunities for volunteer leadership will enhance your record of good works and accomplishments.

Because educators need practical resources. PDK's quick-read e-bulletins offer classroom tips, summaries for informed administrators, and the latest information for the education practitioner—most are available for redistribution without copyright infringement. Take them, use them, love them.

Professional membership is available to persons who demonstrate professional conduct and who hold a baccalaureate degree, are licensed or credentialed as educators, are employed in an education-related field, or are undergraduate education majors who are participating in or have completed student teaching. The purpose of Phi Delta Kappa 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

PREFERRED E-MAIL ADDRESS

HOME ADDRESS

STREET / P.O. BOX

CITY

STATE/PROVINCE ZIP/POSTAL CODE

HOME PHONE

WORK ADDRESS

EMPLOYER (no acronyms please)

STREET / P.O. BOX

CITY STATE/PROVINCE ZIP/POSTAL CODE

WORK PHONE

ABOUT YOU

Date of Birth _____ (mo/day/yr)

☐ Male ☐ Female ☐ Student Teacher ☐ BS/BA ☐ MS/MA ☐ Doctorate

Current Position (check one)

TEACHER
10 ___ preschool
11 ___ elementary
12 ___ middle/junior high school
13 ___ high school
14 ___ junior/community college
15 ___ vocational/technical school
16 ___ college/university
3H ___ student teacher

ADMINISTRATOR
20 ___ preschool
21 ___ elementary
22 ___ middle/junior high school
23 ___ high school
27 ___ assistant superintendent/system
28 ___ superintendent/system
24 ___ junior/community college
25 ___ vocational/technical school
26 ___ college/university

OTHER
37 ___ library/media specialist
39 ___ counselor
30 ___ graduate student
3A ___ educational consultant
3B ___ professional staff
3C ___ business/industry
3D ___ retired
3E ___ other (please specify)_____

REFERRAL INFORMATION (optional)

Please enter the name and ID number of the member who referred you to Phi Delta Kappa.

Member Name (please print) _____ Member ID number | | | | | | |

(OVER)

MEMBER SURVEY

What prompted you to join PDK? (*Check all that apply.*)

1 ☐ Colleague recommended
2 ☐ Supervisor recommended
3 ☐ Professor recommended
4 ☐ *KAPPAN* journal
5 ☐ PDK/Gallup Poll
6 ☐ Publications/products
7 ☐ Training/workshop
8 ☐ Advertisement
9 ☐ Promotional brochure
10 ☐ Website/Internet
11 ☐ Conference
12 ☐ Direct mail
13 ☐ Affiliation with a professional association
14 ☐ Former member
15 ☐ Other: _____ (please specify)

What are your professional needs? (*Check all that apply.*)

1 ☐ Resources/information
2 ☐ Networking
3 ☐ Discounts on products/services
4 ☐ Résumé development
5 ☐ Local chapter activities
6 ☐ Volunteer leadership opportunities
7 ☐ Scholarships/awards
8 ☐ Professional liability insurance
9 ☐ Professional development
10 ☐ Other: _____ (please specify)

AFFILIATION AND PAYMENT

OPTION #1: CHAPTER-AFFILIATED MEMBERSHIP

To locate a chapter name, number, and dues amount, please visit our website at **www.pdkintl.org.**

☐ I want to affiliate with the following chapter:

_____
(enter chapter name and number)

Fees:		
	International Dues	$70.00
	Processing Fee	$ 5.00
	Chapter Dues *(enter chapter dues amount)*	$ _____
	Total Fee	$ _____
		(U.S. DOLLARS)

OPTION #2: MEMBERSHIP WITHOUT CHAPTER AFFILIATION

☐ I do not want to affiliate with a local chapter at this time. *(Please note: Chapter affiliation is available to members at any time upon request.)*

Fee: $85.00

If you currently have a subscription to the Phi Delta Kappan *journal please enter your account number here: K_____. Any remaining balance will be refunded after your membership application has been processed.*

PAYMENT

Membership is for one year from the date payment is received at the International Office.

☐ **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 Phi Delta Kappa International in the amount of $ _____ is attached.

Please bill my ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Credit Card |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiration Date |_|_|/|_|_|_|_|

_____
Cardholder's Name (please print)

_____
Signature Required

_____ _____
Daytime Telephone Date

Please return this form to the PDK Representative listed below:

Phi Delta Kappa International
P.O. Box 789
Bloomington, IN 47402-0789
USA
(Chapters place your labels here)

☐ I wish to receive information on life membership.

_____ _____
Applicant's Signature Date

_____ _____ _____
Chapter Representative's Signature Office Held Date