



PHI DELTA KAPPA INTERNATIONAL PROFESSIONAL MEMBERSHIP APPLICATION

Professional membership is available to individuals who support the mission of the association, have a baccalaureate degree, and are licensed or credentialed as an educator, or, are in or have successfully completed student teaching.

YOUR MEMBERSHIP INCLUDES –

- 10 issues of the *Phi Delta Kappan*, the most cited journal in education
- 3 issues of the *PDK Connection* newsletter, featuring association, chapter, and member news
- Voting privileges and the right to run for a PDK office

YOU HAVE ACCESS TO –

- PDK annual conference, an opportunity for professional development at member registration rates
- PDK education publications on a wide-range of topics and issues, at member discount
- International, regional, and local scholarships and awards
- Low cost insurance on professional liability, health, life, and auto

YOU HAVE ACCESS TO ONLINE RESOURCES –

- PDK Publications Archives, a searchable data base that includes *Kappan* articles
- The Center on Education Policy News List, information on issues related to education policy and major education bills
- New Teacher Connection, advice, tips, and journals designed for entry level educators

AND YOUR MEMBERSHIP SUPPORTS –

- Future Educators of America, high-school clubs that promote teaching as a career option
- Frymier Student Institute for Ethical Leadership, a week-long camp that offers ethical leadership training
- Scholarship Grants for Prospective Educators, grants for high school seniors considering careers in education.

APPLICATION

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.

(Please print)

Completing this application indicates your support of this purpose.

NAME

(Last)

(First)

(Middle)

HOME ADDRESS

STREET / P.O. BOX

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

TELEPHONE

E-MAIL

EMPLOYER ADDRESS

SCHOOL / DISTRICT / AGENCY

STREET / P.O. BOX

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

TELEPHONE

FAX

E-MAIL

Preferred e-mail address: ☐ Home ☐ Employer (PDK does not sell postal or e-mail addresses)

Date of Birth _____
(mo/day/yr)

☐ Male ☐ Female

Professional Eligibility (check one) ☐ Student Teacher ☐ BS/BA ☐ MS/MA ☐ Doctorate ☐ Other _____

(check one) Licensed or credentialed educator ☐ Yes ☐ No ☐ Pending ☐ Other _____

Years in Education ☐ New ☐ 1-5 ☐ 5-10 ☐ 10-15 ☐ 15+

Current Position (check one)

TEACHER

- 11 ___ elementary
- 12 ___ middle/junior high school
- 13 ___ high school
- 14 ___ junior/community college
- 15 ___ vocational/tech. school
- 16 ___ college/university

ADMINISTRATOR

- 21 ___ elementary
- 22 ___ middle/ junior high school
- 23 ___ high school
- 27 ___ assistant supt./system
- 28 ___ superintendent/system
- 24 ___ junior/community college
- 25 ___ vocational/tech. school
- 26 ___ college/university

OTHER

- 3H ___ student teacher
- 39 ___ curr. spec./counselor/supervisor
- 30 ___ graduate student
- 3A ___ educational consultant
- 3B ___ professional staff: state, federal
private agency or organization
- 3C ___ business/industry
- 3D ___ retired
- 3E ___ other (please specify) _____

Do you currently have a subscription to the *PHI DELTA KAPPAN* journal? ☐ Yes ☐ No

If yes, what is your *PHI DELTA KAPPAN* account number? K- _____

(The remaining balance in this account will be refunded when membership is confirmed.)

(OVER)

MEMBER SURVEY

What prompted you to join PDK? *(Select as many as apply)*

- | | |
|---|--|
| 1 <input type="checkbox"/> Colleague recommended | 9 <input type="checkbox"/> Promotional brochure |
| 2 <input type="checkbox"/> Supervisor recommended | 10 <input type="checkbox"/> Website/internet |
| 3 <input type="checkbox"/> Professor recommended | 11 <input type="checkbox"/> Conference exhibit |
| 4 <input type="checkbox"/> KAPPAN journal | 12 <input type="checkbox"/> Direct mail |
| 5 <input type="checkbox"/> PDK/Gallup Poll | 13 <input type="checkbox"/> Professional association affiliation |
| 6 <input type="checkbox"/> Publications/products | 14 <input type="checkbox"/> Former member |
| 7 <input type="checkbox"/> Training/workshop | 15 <input type="checkbox"/> Other: _____ |
| 8 <input type="checkbox"/> Advertisement | |

What are your professional needs? *(Select as many as apply)*

- | | |
|---|---|
| 1 <input type="checkbox"/> Resources/information | 6 <input type="checkbox"/> Volunteer leadership opportunities |
| 2 <input type="checkbox"/> Networking | 7 <input type="checkbox"/> Scholarships/awards |
| 3 <input type="checkbox"/> Discounts on products/services | 8 <input type="checkbox"/> Professional liability insurance |
| 4 <input type="checkbox"/> Résumé development | 9 <input type="checkbox"/> Professional development |
| 5 <input type="checkbox"/> Local chapter activities | 10 <input type="checkbox"/> Other: _____ |

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

PAYMENT

I want to affiliate with the following chapter:

	(Name)	(Number)
International dues	\$45.00	
Processing Fee	\$ 5.00	
Chapter dues <i>(enter chapter dues amount)</i>	+ \$ _____	
Total	\$ _____	

Please make your check payable to Phi Delta Kappa International and submit the application and check to the chapter representative listed below:

Membership is for one year from the date the application and payment are submitted by the chapter representative to the international office for processing.

Applicant's Signature

Date

Chapter Representative's Signature

Office Held

Date