



# PDK International® Senior Membership Form

Return form to:  
P.O. Box 13090 • Arlington, VA22219  
PHONE 800-766-1156 • FAX 812-339-0018  
www.pdkintl.org • memberservices@pdkintl.org

- **Senior membership is subject to approval.**
- **Senior dues become effective during the next renewal cycle.**
- **Senior membership is not retroactive.**
- **Senior membership is not available to first-year members.**

After many years of service to the education profession, you deserve a well-earned reward. That's why PDK is offering you membership at a significant discount. PDK is an excellent way for you to stay connected with former colleagues and current issues in the field. PDK also offers ample opportunities for you stay involved through volunteer leadership roles, international travel, and more. This is the perfect way for you to remain connected to education while enjoying all of the rewards that come with your retirement.

Senior membership may be granted upon request. To qualify, you must be a professional member in good standing who has reached 60 years of age and who has retired from a primary education position. Senior membership may be granted, regardless of age, to a member who has retired from a primary education position because of a permanent disability (as evidenced by appropriate documentation), provided that the member has at least 10 years of good-standing membership prior to applying for senior membership.

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Preferred First Name \_\_\_\_\_ Preferred E-mail Address \_\_\_\_\_

Member ID \_\_\_\_\_ Chapter Number \_\_\_\_\_

Street/P.O.Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

## QUALIFICATIONS

I am retired and have reached 60 years of age.

m m / d d / y y

Date of Retirement

m m / d d / y y

Date of Birth

I am retired due to a permanent disability and have at least 10 years of good-standing membership. (Documentation of permanent retirement due to a disability must be attached.)

m m / d d / y y

Date of Retirement

m m / d d / y y

Date of Disability

Please choose the most appropriate retirement category:

- Fully retired     Partially retired; working in education sector     Partially retired; working in the non-education sector

Signed \_\_\_\_\_ Date \_\_\_\_\_

