

PDK Association Professional Membership Form

Return form to:

P.O. Box 13090 · Arlington, VA 22219 PHONE 800-766-1156 · FAX 812-339-0018 www.pdkintl.org/association-page · memberservices@pdkintl.org

MEMBER

Master's



Learn

About the latest research in education



Your skillset, no matter where you are in your career



Specialist

Influence

The National conversation on education



Support

The next generation on future educators

ABOUT YOU Name __ MIDDLE Preferred First Name _ DATE OF BIRTH Primary Address Street/P.O.Box _____ ______ State/Province _____ _____ Country _ Zip/Postal Code _____ Choose Primary Office Phone (Ext.) Cell Phone _ _____ Email Address Required for electronic publications and Male Show profile in member directory member updates. Treated confidentially. Employment Information (Choose One.) Early Childhood/Preschool Higher Ed Instruction – 4 year Independent Education Consultant institution K-12 Instruction/Administration Business/For Profit Higher Ed Admin – 2 year institution Superintendent/District Office Local/State/Federal Government Official Higher Ed Admin – 4 year institution Parent State Education Agency. ☐ Higher Ed Instruction – 2 year institution ☐ Association/Nonprofit $lue{}$ National Board Certified School \mid Name/College or University/Employer $lue{}$ For Teachers, subject taught __ Highest Degree Earned Race Bachelors Native Hawaiin/Other American Indian/ Native American Pacific Islander Doctorate M.B.A. White Asian D.D.S. M.L.S. Black/African American Other D.O. M.S.W. Hispanic/ Two or more races J.D. Other Latino of any kind Prefer not to answer

MEMBERSHIP FEES & PAYMENT

FEES

Annual Membership Fee	\$99.95			
•	cessing fee added to all che e at www.pdkintl.org/assoc	, •		
	vith a local PDK chapter: and number. To find a chap ociation-page.)		es, go to	
Local Chapter Dues (Enter chapter dues amour	\$			
Total Amount Due	\$			
PAYMENT Membership is for one year	from the date payment is re	eceived at the internationa	l office. Choose your payment plan.	
year on your anniversary	ion — For uninterrupted ser / date. Notify PDK to change //dembership — Pay with cre	Э.	lit card at the current renewal rate or rder in U.S. dollars.	nce a
☐ Check payable to	Phi Delta Kappa Internation	al in the amount of \$	is enclosed.	
Please bill my:	☐ VISA ☐ MasterCard	☐ Discover ☐ America	an Express	
		m m / y y		
CREDIT CARD NUMBER		EXPIRATION DATE		
CARDHOLDER NAME (PRIN	TED)	SIGNATURE (REQUIRED)		
DAYTIME TELEPHONE		DATE		

PDK MEMBERSHIP BENEFITS

- · Kappan magazine
- Opportunities to travel abroad through PDK International Study Tours
- Scholarships, grants, academic awards, and leadership opportunities
- Online archive of data from the PDK Poll of the Public's Attitudes Toward the Public Schools
- Networking opportunities with other educators across the country through PDK Virtual Townhalls

Visit pdkintl.org/association-page for more information on your member benefits



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