



A Division of  
**PDK**  
INTERNATIONAL

# 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 BENEFITS



**Learn**

About the latest research in education



**Grow**

Your skillset, no matter where you are in your career



**Influence**

The National conversation on education



**Support**

The next generation on future educators

## ABOUT YOU

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

Preferred First Name \_\_\_\_\_

m	m	/	d	d	/	y	y
---	---	---	---	---	---	---	---

DATE OF BIRTH

### Primary Address

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

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

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Choose Primary  Office Phone (Ext.) \_\_\_\_\_  Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Male  Female  **Show profile in member directory**

*Required for electronic publications and member updates. Treated confidentially.*

### Employment Information (Choose One.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Early Childhood/Preschool   | <input type="checkbox"/> Higher Ed Instruction – 4 year institution | <input type="checkbox"/> Independent Education Consultant        |
| <input type="checkbox"/> K-12 Instruction/Administration   | <input type="checkbox"/> Higher Ed Admin – 2 year institution       | <input type="checkbox"/> Business/For Profit                     |
| <input type="checkbox"/> Superintendent/District Office  | <input type="checkbox"/> Higher Ed Admin – 4 year institution       | <input type="checkbox"/> Local/State/Federal Government Official |
| <input type="checkbox"/> State Education Agency.   | <input type="checkbox"/> Association/Nonprofit                      | <input type="checkbox"/> Parent                                  |
| <input type="checkbox"/> Higher Ed Instruction – 2 year institution                                  |   |  |
| <input type="checkbox"/> National Board Certified School   Name/College or University/Employer _____ |   |  |

For Teachers, subject taught \_\_\_\_\_

### Highest Degree Earned

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> M.D.       |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> M.B.A.     |
| <input type="checkbox"/> D.D.S.    | <input type="checkbox"/> M.L.S.     |
| <input type="checkbox"/> D.O.      | <input type="checkbox"/> M.S.W.     |
| <input type="checkbox"/> J.D.      | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Master's  | <input type="checkbox"/> Specialist |

### Race

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/ Native American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                  |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Hispanic/ Latino of any kind     | <input type="checkbox"/> Two or more races                      |
|   | <input type="checkbox"/> Prefer not to answer                   |

