



A Division of
PDK
INTERNATIONAL

PDK Association Student 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 _____

DATE OF BIRTH
m m / d d / y y

DATE OF BIRTH

Primary Address

Street/P.O.Box _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Name of college attending _____ Major _____ Expected Grad Date _____

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.)

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

For Teachers, subject taught _____

Highest Degree Earned

- Bachelors
- Doctorate
- D.D.S.
- D.O.
- J.D.
- Master's
- M.D.
- M.B.A.
- M.L.S.
- M.S.W.
- Other
- Specialist

Race

- American Indian/ Native American
- Asian
- Black/African American
- Hispanic/ Latino of any kind
- Native Hawaii/Other Pacific Islander
- White
- Other
- Two or more races
- Prefer not to answer

