



A DIVISION OF
PDK
INTERNATIONAL

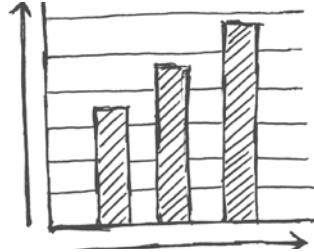
PDK International® Professional Membership Form

Return form to:
P.O. Box 13090 • Arlington, VA 22219
PHONE 800-766-1156 • FAX 812-339-0018
www.pdkintl.org • memberservices@pdkintl.org

MEMBER BENEFITS



Kappan Magazine
A "must read" for the movers and shakers in education



PDK Poll
An annual poll on Americans' attitudes towards our public schools



International Study Tours
Opportunities to see how public education works in other countries

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 _____

Office Phone (Ext.) _____ Home Phone _____

Cell Phone _____ Email Address _____

Male Female

Required for electronic publications and member updates. Treated confidentially.

CURRENT OCCUPATION (Choose one.)

- Early Childhood/Preschool
- Higher Ed Instruction – 4 year institution
- Retired
- K-12 Instruction
- Higher Ed Admin – 2 year institution
- Independent Education Consultant
- K-12 Administration
- Higher Ed Admin – 4 year institution
- Business/For Profit
- State Education Agency.
- Association/Nonprofit
- Local/State/Federal Government Official
- Higher Ed Instruction – 2 year institution
- Student
- Parent

MEMBERSHIP FEES & PAYMENT

FEES

Annual Membership Fee	\$95.00
One-time Processing Fee	\$4.00
Subtotal	\$99.00

I want to affiliate with a local PDK chapter: _____
(Enter chapter name and number. To find a chapter and the associated dues, go to www.pdkintl.org/chapters/find-a-chapter/.)

Local Chapter Dues \$ _____
(Enter chapter dues amount.)

Total Amount Due \$ _____

PAYMENT

Membership is for one year from the date payment is received at the international office. Choose your payment plan.

- ANNUAL Easy Pay Option** — For uninterrupted service, PDK will bill your credit card at the current renewal rate once a year on your anniversary date. Notify PDK to change.
- MONTHLY Easy Pay Option** — For uninterrupted service, PDK will bill your credit card at the current renewal rate monthly based on your anniversary date. Notify PDK to change.
- STANDARD One-year Membership** — Pay with credit card, check or money order in U.S. dollars.

Check payable to Phi Delta Kappa International in the amount of \$ _____ is enclosed.

Please bill my: VISA MasterCard Discover American Express

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CREDIT CARD NUMBER

m	m	/	y	y
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EXPIRATION DATE

CARDHOLDER NAME (PRINTED) _____

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
- Discounted member insurance through TIE



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