PDK International® Senior Membership Form

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

Primary Address
Street/P.O.Box ____________________________

City ____________________________ State/Province ____________________________

Zip/Postal Code ____________________________ Country ____________________________

Office Phone (Ext.) ____________________________ Home Phone ____________________________

Cell Phone ____________________________ Email Address ____________________________

☐ Male    ☐ Female    ☐ Show profile in member directory

☐ I am retired and have reached 60 years of age.

School/Organization retiring from ____________________________

Highest Degree Earned
☐ Bachelors  ☐ M.D.
☐ Doctorate  ☐ M.B.A.
☐ D.D.S.  ☐ M.L.S.
☐ D.O.  ☐ M.S.W.
☐ J.D.  ☐ Other
☐ Master’s  ☐ Specialist

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

DATE OF RETIREMENT mm/dd/yyyy
DATE OF BIRTH mm/dd/yyyy

Required for electronic publications and member updates. Treated confidentially.

PDK International
®
Senior Membership Form
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ESTABLISHED 1906

PDK
INTERNATIONAL

PDK FORM 43 (REV. 09/19)
MEMBERSHIP FEES & PAYMENT

FEES

Annual Membership Fee $52.50

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.pdkassociation.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.

☐ 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

CREDIT CARD NUMBER ___________________________ EXPIRATION DATE mm/yy

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
• Mentorship and Mentoring 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 pdkassociation.org for more information on your member benefits