PDK International® Student 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 ________________________________________________

Preferred First Name _____________________________________________

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 ☐ Higher Ed Instruction – 4 year institution
☐ K-12 Instruction/Administration ☐ Higher Ed Admin – 2 year institution
☐ Superintendent/District Office ☐ Higher Ed Admin – 4 year institution
☐ State Education Agency. ☐ Association/Nonprofit
☐ Higher Ed Instruction – 2 year institution ☐ Independent Education Consultant
☐ National Board Certified School ☐ Business/For Profit
☐ Name/College or University/Employer ____________________________________________

For Teachers, subject taught ____________________________________________

Highest Degree Earned
☐ Bachelors ☐ American Indian/ Native American
☐ Doctorate ☐ Asian
☐ D.D.S. ☐ Black/African American
☐ D.O. ☐ Hispanic/ Latino of any kind
☐ J.D. ☐ M.D
☐ Master’s ☐ M.B.A.
☐ Specialist ☐ M.L.S.
☐ M.S.W. ☐ M.S.W.
☐ Other ☐ Other
☐ Two or more races ☐ Prefer not to answer
☐ Native Hawan/Other Pacific Islander
☐ White
☐ Other
☐ Two or more races
☐ Prefer not to answer

PDK FORM 101 (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