PDK Association Professional 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

ABOUT YOU

Name ____________________________ ____________________________ ____________________________
FIRST MIDDLE LAST
Preferred First Name ____________________________

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

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

Race

PDK FORM PRO (REV. 03/2020)
MEMBERSHIP FEES & PAYMENT

FEES

Annual Membership Fee $99.95

There will be a $5 processing fee added to all check payments starting on March 31, 2020. Save by renewing through your online Member Portal.

☐ 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.)
Processing Fee $_____
($5 for check payments.)
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

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
• PDK Virtual Townhalls

Visit pdkassociation.org for more information on your member benefits