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 Hawaiian/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 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](http://pdkassociation.org) for more information on your member benefits

## Membership Fees & Payment

### Fees

- **Annual Membership Fee** $57.45

  *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.*

- **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 $_____
  - Please bill my: [ ] VISA [ ] MasterCard [ ] Discover [ ] American Express

  - CREDIT CARD NUMBER

  - EXPIRATION DATE

  - CARDHOLDER NAME (PRINTED)

  - SIGNATURE (REQUIRED)

  - DAYTIME TELEPHONE

  - DATE