



Join the Local Chapter of Phi Delta Kappa International

The Leading Association for Educators

APPLICATION FOR CHAPTER AFFILIATION



YES! I want to join the local chapter of Phi Delta Kappa International to stay current and to advocate for public education!

Name _____
(Last) (First) (Middle)

Address _____
(Street/P.O. Box)

(City) (State/Province) (Zip/Postal Code)

Phone (_____) (_____) _____
(Office) (Home)

Fax (_____) _____ E-mail _____

Date of Birth _____ Gender Male Female

EDUCATION Student Teacher BS/BA MS/MA Specialist Doctorate
 Other (Please Specify) _____

POSITION (Select One)

- | | | |
|--------------------------------------|--------------------------------------|--|
| TEACHER | ADMINISTRATOR | OTHER |
| (11) ___ Elementary | (21) ___ Elementary | (3H) ___ Student Teacher |
| (12) ___ Middle School | (22) ___ Middle School | (39) ___ Curr. Spec./Counselor/Supervisor |
| (13) ___ High School | (23) ___ High School | (30) ___ Graduate Student |
| (14) ___ Junior/Comm. College | (27) ___ Asst. Supt./System | (3A) ___ Educational Consultant |
| (15) ___ Vocational/Technical School | (28) ___ Supt./System | (3B) ___ Professional Staff: State, Federal Private Agency or Organization |
| (16) ___ College/University | (24) ___ Junior/Comm. College | (3C) ___ Business/Industry |
| | (25) ___ Vocational Technical School | (3D) ___ Retired |
| | (26) ___ College/University | (3E) ___ Other (Please Specify) _____ |

Do you currently have a subscription to the KAPPAN journal? YES NO

If yes, what is your KAPPAN account number? K- _____

Signature _____ Date _____

Member Sponsored Self-nominated

Name of sponsor _____
(Disregard if self-nominating)

Member ID# of sponsor

As Kappans, we have the privilege and the obligation to nominate colleagues. Your name and member ID number are needed to record and to recognize those Kappans who sponsor candidates for membership.

TO BE COMPLETED BY CHAPTER

The candidate meets the constitutional and by-laws requirements for admission into Phi Delta Kappa International. I certify that the candidate was properly oriented to Phi Delta Kappa and participated in an initiation ceremony conducted by our chapter on the date listed below.

Initiating Chapter

Name _____ Number _____

Date of Initiation _____
month / day / year

Chapter Officer Signature _____

Office Held _____ Date _____

(Duplicate this form for Chapter Records)

Phi Delta Kappa International
RESEARCH • SERVICE • LEADERSHIP
 A proud heritage of nearly a century