



**KAPPA DELTA PI
INTERNATIONAL HONOR SOCIETY IN EDUCATION
Membership/Subscription Renewal Form**

All fields must be completed to process your application.

Name _____ Member # _____
 Dr. Ms. Mrs. Miss Mr.

I prefer to use Work Home as my primary address.

School/Company Name _____ Title _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Telephone _____ Fax _____ E-Mail _____

Home Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Telephone _____ Cell _____ E-Mail _____

RENEWAL MEMBERSHIP OPTIONS

Regular Membership \$39 for one year \$72 for two years

- Undergraduate Student Member* Currently Student Teaching: Yes No
 Graduate Student Member*
 Doctoral Student Member*

*For All Students—Anticipated Graduation Date: _____

Practicing Educator Member

Choose current position:

- | | |
|--|--|
| <input type="checkbox"/> Early Childhood Teacher (15) | <input type="checkbox"/> Elementary Teacher (16) |
| <input type="checkbox"/> Middle School Teacher (17) | <input type="checkbox"/> High School Teacher (18) |
| <input type="checkbox"/> Professor/Faculty Member (21) | <input type="checkbox"/> Substitute Teacher (25) |
| <input type="checkbox"/> Counselor (27) | <input type="checkbox"/> Library/Media Specialist (28) |

Administrator Member

Choose current position:

- | | |
|--|--|
| <input type="checkbox"/> K-12 Administrator (19) | <input type="checkbox"/> Superintendent/Principal (20) |
| <input type="checkbox"/> Dean (22) | <input type="checkbox"/> Higher Ed Administrator (23) |

Last degree earned BS/BA MS/MA/MEd Doctoral Graduation Date: _____

(For retired members only) Retiree Membership* \$20 for one year \$40 for two years

*Retirees must be over 55 years of age, retired for one year or more, and not working full-time in education.

PUBLICATION SUBSCRIPTION OPTIONS

You will receive a copy of the *KDP Record* as part of your membership benefits. You can also subscribe to the following publications. Note: two-year subscription requires a two-year membership.

- | | | |
|------------------------------|---|---|
| <i>New Teacher Advocate</i> | <input type="checkbox"/> \$10 One-Year Subscription | <input type="checkbox"/> \$20 Two-Year Subscription |
| <i>The Educational Forum</i> | <input type="checkbox"/> \$22 One-Year Subscription | <input type="checkbox"/> \$44 Two-Year Subscription |

Kappa Delta Pi provides an online Membership Directory through a Members-Only Portal that allows information such as employment, phone, e-mail, and city/state location (not street address) to be searched and viewed by other members. Check the box if you DO NOT want your information included in the Membership Directory.

Kappa Delta Pi occasionally makes its members' addresses (excluding telephone and e-mail) available to affiliated third-party vendors who provide products and services to the education community. Check the box if you DO NOT want your information included in these lists.

PAYMENT INFORMATION: (in U.S. dollars)

Membership: (above) _____

Publication Subscription: (above) _____

Local Chapter Dues: _____ (refer to Chapter Dues Directory – required for all members currently active within a chapter)

Education Foundation Contribution: _____ (recommended amount \$5-15)

Total amount to be paid: _____

Check enclosed (payable to Kappa Delta Pi)

Charge \$ _____ to my: American Express VISA MasterCard Discover

Account Number _____ Expiration Date _____ 3- or 4-digit Security Code _____

Cardholder's Name _____

Signature _____

Mail: Kappa Delta Pi, International Honor Society in Education
3707 Woodview Trace
Indianapolis, IN 46268-1158

Fax: 317-704-2323

Questions may be directed to the Membership Department. Call 800-284-3167 or e-mail membership@kdp.org.