



**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**

\$38 for one year

\$70 for two years

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

*\*For All Students—Anticipated or Actual 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"/> Other _____                   |   |

**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)  |
| <input type="checkbox"/> Other _____             |  |

**Retired Membership (24)**

\$19 for one year

\$38 for two years

**PUBLICATION SUBSCRIPTION OPTIONS**

You will receive a copy of the *KDP Record* as part of your membership benefits. You can also subscribe to:

- |                              |   |   |
|------------------------------|---|---|
| <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.

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**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](mailto:membership@kdp.org).