



KAPPA DELTA PI
INTERNATIONAL HONOR SOCIETY IN EDUCATION
Chapter Membership Referral Form

Please complete this form if you are interested in Kappa Delta Pi membership. This information will be sent to the local chapter faculty counselor and chapter president. KDP does not guarantee membership based on completion and submission of this form. The chapter will be in touch to let you know how to proceed with application and when the next membership induction is scheduled.

PROSPECTIVE MEMBER INFORMATION

Name _____ Nickname _____

Dr. Ms. Mrs. Miss Mr.

Name of College/University _____

Address _____

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

Telephone _____ Cell _____

E-Mail _____ Fax _____

Which contact method do you prefer: Phone Mail E-Mail

MEMBERSHIP OPTIONS

If you were previously a member of a campus chapter, please list the chapter name and location: _____

Please indicate which membership type applies to you. Documentation supporting completion of membership requirements will need to be provided at the time of application for membership.

- Undergraduate Student Member*** (01) (Must have 30 credit hours completed with a minimum 3.0 cum GPA and at least 12 credit hours of education courses programmed, in progress or completed.)
- Graduate Student Member*** (02) (Must have 6 credit hours of graduate course work completed with a minimum 3.25 cum GPA and at least 12 credit hours of education courses programmed, in progress or completed.)
- Doctoral Student Member*** (07) (Must provide evidence of work toward a Doctoral degree.)

Anticipated or Actual Graduation Date: _____

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

E-mail: membership@kdp.org **Call:** 800-284-3167 **Fax:** 317-704-2323

For administrative use only:

Sent to _____ Chapter on _____ Staff member name: _____

Chapter Counselor: _____ Chapter President: _____ Membership Chair: _____