



KAPPA DELTA PI
INTERNATIONAL HONOR SOCIETY IN EDUCATION
Alumni/Professional Membership Application

All fields must be completed to process your application.

MEMBER INFORMATION

Name _____ Nickname _____
 Dr. Ms. Mrs. Miss Mr.

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 _____

E-Mail _____

Telephone _____ Cell _____

I prefer to use Work Home as my primary address.

MEMBERSHIP OPTIONS

If you were previously a member of a campus chapter, no additional documentation needs to be provided. Please list the chapter name and location: _____

Regular Membership

\$38 for one year

\$70 for two years

Graduate Student Member* (02) (For students where no KDP chapter is established on campus. Must provide evidence of completion of Bachelor's degree with a minimum 3.2 cum GPA OR provide a transcript showing 15 credit hours completed/in-progress toward a Master's degree and a minimum 3.5 cum GPA.)

Doctoral Student Member* (07) (Must provide evidence of work toward a Doctoral degree.)

**For All Students—Anticipated Graduation Date:* _____

Practicing Educator Member (Must provide evidence of degree attained or in-progress and GPA according to degree criteria described above OR letter of recommendation from an administrator in lieu of a transcript.)

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) |

Please check last degree earned BS/BA MS/MA/MEd Doctoral Graduation Date: _____

Discounted Membership

\$19 for one year

\$38 for two years

- Retired Member (24)** (For members 55 years or older who have been retired for one year or longer and no longer work full-time in education)

PUBLICATION OPTIONS

I would like to subscribe to the following publication(s). Note: two-year subscriptions require two-year membership.

New Teacher Advocate
The Educational Forum

\$10 One-Year Subscription
 \$22 One-Year Subscription

\$20 Two-Year Subscription
 \$44 Two-Year Subscription

Membership dues cover one year of benefits from the date dues are received. All Professional Members receive an annual subscription to the *Kappa Delta Pi Record*, **except** Undergraduate Student Members who receive a subscription to the *New Teacher Advocate* during their first year of membership and the *Kappa Delta Pi Record* in subsequent years. (Two-year membership dues cover two years of benefits.)

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)

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 _____

Join Online: www.kdp.org

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

Call: 800-284-3167

Fax: 317-704-2323

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