



**KAPPA DELTA PI**  
**INTERNATIONAL HONOR SOCIETY IN EDUCATION**  
**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**

**Regular Membership**

\$38 for one year

\$70 for two years

- Undergraduate Student Member\*** (01) (For students where no KDP chapter is established on campus. Must provide a transcript showing 30 credit hours earned with 12 hours scheduled/in-progress in Education curriculum and a minimum 3.2 cum GPA.)
- 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 or Actual 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)  |

- 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)  |

**Discounted Membership**

\$19 for one year

\$38 for two years

- Retired Member** (24) (For members 55 years or older OR who have been retired for one year or longer)
- Honorary Member** (Must provide evidence of receipt of national recognition: State Teacher of the Year, Golden Apple, Milken Educator Award, National Board Certification)

**PUBLICATION OPTIONS**

I would like to subscribe to:

*New Teacher Advocate*

\$10 One-Year Subscription

\$20 Two-Year Subscription

*The Educational Forum*

\$22 One-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](http://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](mailto:membership@kdp.org).