

**APPLICATION FOR MEMBERSHIP  
With Chapter Affiliation  
*Phi Delta Kappa International***

**Check One**  
 Member Sponsored  
 Or  
 Self Nominated

RETURN TO CHAPTER MEMBERSHIP OR PRESIDENT ELECT

**IMPORTANT: If you have ever been initiated into Phi Delta Kappa International, do not complete this form.**  
 Contact the international office for procedures on reactivating your membership status.

**PART 1. (To Be Completed by Candidate)**

FULL NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SEX  Male  Female  
 HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**EDUCATIONAL  
BACKGROUND**  
 Student Teacher  
 BS/BA  
 MS/MA  
 Specialist  
 Doctorate  
 Other (please specify)

**PRIMARY OCCUPATION (Please Check Only One)**

**TEACHER**  
 (11)  Elementary  
 (12)  Middle School  
 (13)  High School  
 (14)  Junior/Comm. College  
 (15)  Voc./Tech. School  
 (16)  College/University

**ADMINISTRATOR**  
 (21)  Elementary  
 (22)  Middle School  
 (23)  High School  
 (27)  Asst. Supt./System  
 (28)  Supt./System  
 (24)  Junior/Comm. College  
 (25)  Voc./Tech. School  
 (26)  College/University

**OTHER**  
 (3H)  Student Teacher  
 (39)  Curr. Spec./ Counselor/  
 Supervisor  
 (30)  Graduate Student  
 (3A)  Educational Consultant  
 (3B)  Prof. Staff: State, Fed.,  
 Private Agency or  
 Organization  
 (3C)  Business/Industry  
 (3D)  Retired  
 (3E)  Other (Please specify)

**SUBSCRIPTION  
INFORMATION**  
 Do you currently have a  
 subscription to the KAPPAN  
 Journal?  Yes  No  
 If yes, what is your KAPPAN  
 account number?  
 K- \_\_\_\_\_

**IMPORTANT NOTE TO CANDIDATE:** The payment required of you at this time includes the initiation fee and dues for a full year of membership that will begin upon receipt of the report of initiation at the international office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 2. (To Be Completed by Appropriate Chapter Officer)**

Chapter Name: **Fraser Valley** Chapter Number **1587** Date of Initiation (Month/Day/Year) \_\_\_\_\_

**PRIME SPONSOR OF CANDIDATE (Disregard if self-nominating)**

As Kappans, we have the privilege and the obligation to nominate colleagues. Your name and member ID number are needed to record and to recognize those Kappans who sponsor candidates for membership.

Member ID number of Sponsor \_\_\_\_\_

The candidate meets the constitutional and by-laws requirements for admission into Phi Delta Kappa International. I certify that the candidate was properly oriented to Phi Delta Kappa and participated in an initiation ceremony conducted by our chapter on the date listed above.

Chapter Officer Signature \_\_\_\_\_ Date \_\_\_\_\_ Office Held \_\_\_\_\_