



# Join the UGA Chapter of Phi Delta Kappa International

The Leading Association for Educators

APPLICATION FOR CHAPTER AFFILIATION



**YES! I want to join the UGA chapter of Phi Delta Kappa International to stay current and to advocate for public education!**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street/P.O. Box)

\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)

Phone (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
(Office) (Home)

Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

EDUCATION  Student Teacher  BS/BA  MS/MA  Specialist  Doctorate  
 Other (Please Specify) \_\_\_\_\_

POSITION (Select One)

- | TEACHER                              | ADMINISTRATOR                        | OTHER  |
|--------------------------------------|--------------------------------------|--|
| (11) ___ Elementary                  | (21) ___ Elementary                  | (3H) ___ Student Teacher   |
| (12) ___ Middle School               | (22) ___ Middle School               | (39) ___ Curr. Spec./Counselor/Supervisor                                  |
| (13) ___ High School                 | (23) ___ High School                 | (30) ___ Graduate Student  |
| (14) ___ Junior/Comm. College        | (27) ___ Asst. Supt./System          | (3A) ___ Educational Consultant  |
| (15) ___ Vocational/Technical School | (28) ___ Supt./System                | (3B) ___ Professional Staff: State, Federal Private Agency or Organization |
| (16) ___ College/University          | (24) ___ Junior/Comm. College        | (3C) ___ Business/Industry   |
|                                      | (25) ___ Vocational Technical School | (3D) ___ Retired   |
|                                      | (26) ___ College/University          | (3E) ___ Other (Please Specify) _____                                      |

Do you currently have a subscription to the KAPPAN journal?  YES  NO

If yes, what is your KAPPAN account number? K- \_\_\_\_\_

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

Member Sponsored  Self-nominated

Name of sponsor \_\_\_\_\_  
(Disregard if self-nominating)

Member ID# of sponsor

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.

**TO BE COMPLETED BY CHAPTER**

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 below.

**Initiating Chapter**

Name \_\_\_\_\_ Number \_\_\_\_\_

Date of Initiation \_\_\_\_\_  
month / day / year

Chapter Officer Signature \_\_\_\_\_

Office Held \_\_\_\_\_ Date \_\_\_\_\_

(Duplicate this form for Chapter Records)

Send your Completed Application to:  
 Jeannette Howell  
 1710 Mars Hill Road  
 Watkinsville, GA 30677

**Phi Delta Kappa International**  
 RESEARCH • SERVICE • LEADERSHIP  
 A proud heritage of nearly a century