

All fields must be completed to process your application.

Name A #				
Title: □ Dr. □ Ms. □ M	r.			
I prefer to use $\ \square$ Wor	k □ Home as my	primary address.		
School/Company Name		Title		
Address				
City	_State/Province _	ZIP/Postal Code _		Country
Telephone	Fax	E-Mail		
Home Address				<u>-</u>
City S	State/Province	_ ZIP/Postal Code		_ Country
Telephone	Cell	E-Mail		
Currently Stud	<u>p</u> □ \$95 Nev duate Student Ment Teaching: Ye student Membe	Member* s / No er*		ipon acceptance) raduation Date:
☐ Practicin	g Educator Mem	hor		
Select current	•	ibei		
	Early Childho Middle Schoo Professor/Fa	ol Teacher (17) aculty Member (21)		Elementary Teacher (16) High School Teacher (18) Substitute Teacher (25) Library/Media Specialist (28)

☐ Administrator Member
Choose current position: K-12 Administrator (19) Superintendent/Principal (20) Dean (22) Higher Ed Administrator (23)
Last degree earned: BS/BA MS/MA/MEd Doctoral Graduation Graduation Date: Doctoral Graduation
*Retirees must be over 55 years of age, retired for one year or more, and not working full-time in education.
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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 email) 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.
Questions may be directed to faculty sponsors Dr. Charmaine Lowe & Dr. Tara Hill (KDP@apsu.edu, Claxton 221 & 313).