



PHI DELTA KAPPA INTERNATIONAL
Professional Education Association

Application for Membership Transfer

FULL NAME (LAST/FIRST/MIDDLE)

MAILING ADDRESS

CITY/STATE/PROVINCE/ZIP/POSTAL CODE

HOME PHONE

FAX

OFFICE PHONE

FAX

E-MAIL

Chapter to which you want to transfer: _____

Present chapter affiliation and membership number: _____

Initial chapter affiliation: _____

***Please note:** Your dues must be current for a transfer to become effective. If your dues are not current, the international office will forward a dues statement to you.*

Forward to: Phi Delta Kappa International

408 N. Union, P.O. Box 789, Bloomington, Indiana 47402-0789

Phone: 812/339-1156 or 800/766-1156 • FAX: 812/339-0018

E-Mail: headquarters@pdkintl.org • <http://www.pdkintl.org>

FOR INTERNATIONAL OFFICE USE

The member has been assigned the following chapter designation and roll number:

New Chapter No. _____ Identification No. _____