

KAPPA DELTA PI NEW INITIATE INFORMATION FORM

*This form will be used by your chapter and the International Society Headquarters. **Please complete all sections.** Submit two copies of this completed form and a check or money order for \$60.00 to join the Delta Chapter to SZB 428.*

Full Name:		Student EID:	
Gender:		Birth date mm/dd/year:	
Email address:			
Current Mailing Address:		Home Phone Number: ()	
City, State, Zip:		Work Phone: ()	
Permanent Mailing Address:		Permanent Phone Number:	
City, State, Zip:		()	
Cumulative GPA:		Expected Date of Graduation, if applicable:	
Total Number of Course Hours Completed:			
<u>Education – choose one:</u> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Student <input type="checkbox"/> Student Teacher <input type="checkbox"/> BS / BA <input type="checkbox"/> MS/MA <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate <input type="checkbox"/> Other <u>Position – choose one:</u> <input type="checkbox"/> Early Childhood Teacher <input type="checkbox"/> Elementary Teacher <input type="checkbox"/> Middle School Teacher <input type="checkbox"/> High School Teacher <input type="checkbox"/> Pre-K – 12 Administrator <input type="checkbox"/> Superintendent/Principal <input type="checkbox"/> Professor/Faculty Member <input type="checkbox"/> Dean <input type="checkbox"/> Higher Education Administrator <input type="checkbox"/> Retiree <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> State Department of Education <input type="checkbox"/> Other:	<u>Areas of Specialization – choose one:</u> <input type="checkbox"/> Art Education <input type="checkbox"/> Business <input type="checkbox"/> Computer Science <input type="checkbox"/> English/Language Arts <input type="checkbox"/> Family & Consumer Sciences <input type="checkbox"/> Foreign Language <input type="checkbox"/> Generalist <input type="checkbox"/> Gifted/Talented Education <input type="checkbox"/> Mathematics <input type="checkbox"/> Music Education <input type="checkbox"/> Health & Physical Education <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Special Education <input type="checkbox"/> Other:	<u>What do you hope to gain through the Kappa Delta Pi membership experience? (Check all that apply.)</u> <input type="checkbox"/> Continuing education units <input type="checkbox"/> Job Links <input type="checkbox"/> Professional Networking <input type="checkbox"/> Opportunity to publish <input type="checkbox"/> Teaching resources <input type="checkbox"/> Membership Discounts <input type="checkbox"/> Store Merchandise <input type="checkbox"/> Educational Tours <input type="checkbox"/> Leadership training <input type="checkbox"/> Chapter Activities <input type="checkbox"/> Other	

My signature indicates that this information may be released to Kappa Delta Pi's International Headquarters to start my member services. I understand that Kappa Delta Pi will not release this information for proprietary purposes.

Printed Name: _____ **Date:** _____

Signature: _____