

**Chapter** Please list the Lambda State chapter to receive this information.  
**Membership Contact Information**



Chapter \_\_\_\_\_ City \_\_\_\_\_

**Membership Category**

New     Reinstated     Inactive     Member at Large  
 Life     Renewing     Transfer from: \_\_\_\_\_ Chapter \_\_\_\_\_ State \_\_\_\_\_

**Contact Information:**

\_\_\_\_\_  Male  
 \_\_\_\_\_  Female

Name \_\_\_\_\_

          Last                      First                      Middle Initial/Name

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Address Line 1: \_\_\_\_\_

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Address Line 2: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

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Phone [H]                      Phone [Mobile]                      Phone [Work]                      Fax \_\_\_\_\_

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Email: \_\_\_\_\_

Membership in Kappa Kappa Iota is considered an honor.

Membership in Kappa Kappa Iota shall be extended to persons of good character who are recognized leaders in the profession of education.

Professional members include educators (the term educators shall mean any person devoting a major part of time to teaching or allied work) and former educators.

**\*DUES WORKSHEET\***

All dues are subject to change by the respective Board of Directors; if changed members will be notified.

National:	\$ 50
State:	15
Chapter:	_____
<b>Total</b>	_____

All checks shall be made payable to **Kappa Kappa Iota**

Payment Method  
 Cash---Amount \_\_\_\_\_  
 Check---Check Number \_\_\_\_\_

\*Dues are collected upon acceptance of application for membership.  
 \*\*Renewal dues must be received by May 15 of the calendar year.

**Definitions:**

\*Member-at-large\*—a member who lives in an area where there is no local chapter.

\*\*Life Member(s)\*\*--Honorary Life Member—A member who has served as National President—Associate Life Member—A member for ten (10) years and has reached the age of sixty (60) and has served on the State or National Executive Committee.--- Dues for both categories shall be ten (10) times the regular membership dues. State and local dues must be maintained.

\*\*\*Inactive Member\*\*\*--a member in good standing who is unable to participate because of the member’s infirmities or extreme family circumstances. The inactive member has no financial obligations

**\*\*\*Please email this form to carolhilburn@gmail.com**

**CHAPTER USE ONLY**

Dues Paid

National Dues \_\_\_\_\_  
 State Dues \_\_\_\_\_  
 Local Dues \_\_\_\_\_

Total Received \_\_\_\_\_ Date Received \_\_\_\_\_

Received by: \_\_\_\_\_  
 (Initials)

**New / Reinstated / Member Sponsor:** The person who recruited and/or encouraged the member to join

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Last Name / Surname / Family Name                      First Name / Given Name                      Middle Initial / Name