



**Société Honoraire de Français**  
 American Association of Teachers of French  
 302 N. Granite St.  
 Marion, IL 62959-2346  
 Phone: 607-821-2120; Fax: 815-310-5754  
 E-mail: shf@frenchteachers.org; Web: www.frenchteachers.org/shf  
 Federal ID #: 38-1718689



## Charter Application Form

Sponsoring French teacher's Name \_\_\_\_\_  
(last) (first) (middle)

Sponsor's E-mail \_\_\_\_\_ Phone \_\_\_\_\_ (Circle one: H W Cell)

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) (state) (zip)

Principal \_\_\_\_\_

Check one:  This is for a new SHF Chapter  This application is to reactivate SHF Charter # \_\_\_\_\_

Type of Secondary School (check one):  Public  Private  Parochial

Check one:  This school offers no French beyond Level II  This school offers \_\_\_\_\_ # years beyond Level II

Grade level at which French may be elected for the first time in your school system or individual school (check one):

Lower than 6  6  7  8  9  10  11

System of grading used in your school (check one):  Percentage  Letter  Numerals  Other

**The SHF Sponsor must be an AATF member. Orders will not be shipped until Sponsor's AATF membership is confirmed.**

To obtain charter for a chapter of the *Société Honoraire de Français* at your school, please submit this application with payment of \$10. This is a one-time fee as long as your SHF Chapter remains active. An official Charter certificate will be mailed to you upon receipt of this application and payment. Please allow a minimum of two weeks for delivery. The Constitution and By-laws of the SHF may be found on the AATF Web, along with all forms as well as a suggested initiation ceremony, FAQs, and Student Initiation & Materials order form at [www.frenchteachers.org/shf](http://www.frenchteachers.org/shf). SHF materials orders may also be submitted through the AATF on-line store.

Total amount due: \$10. Make checks payable to AATF SOCIETE HONORAIRE DE FRANÇAIS. Checks must be payable through a U.S. bank. **If payment is not enclosed, a purchase order MUST be included.**

Please bill my credit card:  Visa  MasterCard  3-digit Security Code

Card number \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Exp Date \_\_\_\_\_

Billing address \_\_\_\_\_ Phone Number \_\_\_\_\_

FOR OFFICE USE:	
ORDER REC: _____	_____
SHIPPED: _____	_____ 1ST PM FX
PMNT REC: _____	_____ CHK CC
AMT/CHKN: _____	_____ S P MO
PO# _____	INV# _____
CHART# _____	_____