



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



Charter Application Form
(Submit by mail or fax / do not email application.)

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. Contact President Sharon Rapp (sbrapp@conwaycorp.net) with questions concerning the Constitution and By-laws of the SHF which 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. 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 _____

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