# 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 JAF Chapter _____ This application is to reactivate JAF Charter #

**Type of School (check one):**

_____ Public  _____ Private  _____ Parochial

Check one: _____ This school offers a full academic French program.  _____ This school offers primarily a cultural French program.

Check one: _____ I am applying for the Academic option.  _____ I am applying for the Cultural option.

**Grade level at which French may be elected for the first time in your school system or individual school:**

**System of grading used in your school (check one):**

_____ Percentage  _____ Letter  _____ Numerals  _____ Other

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

To obtain a charter for a chapter of the *Jeunes Amis du Français* at your school, please submit this application with payment of $10. This is a one-time fee as long as your JAF 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 Student Initiation & Materials order form can be found at [https://frenchteachers.org/promote-french/jeunes-amis-du-francais/](https://frenchteachers.org/promote-french/jeunes-amis-du-francais/). JAF materials orders may also be submitted through the AATF on-line store.

Total amount due: $10. Make checks payable to AATF JEUNES AMIS DU 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

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FOR OFFICE USE:

ORDER REC: ____________________________ 1ST PM FX

SHIPPED: ____________________________ CHK CC

PMNT REC: ____________________________ S P MO

AMT/CHKN: ____________________________ INV#______________________

PO#: _______________ CHART#__________________________