



Jeunes amis du 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/

promote-french/jeunes-amis-du-francais

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 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 officers 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

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/>. 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 _____

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