Charter Application Form
(Submit by mail, fax, or email)

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):

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Check</th>
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<td>Lower than 6</td>
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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 Regina Symonds (symondsshf@gmail.com) 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________________