

Société Honoraire de Français

302 N. Granite St., Marion, IL 62959-2346

Phone: 815-310-5763 / Fax: 815-310-5754

Web: www.frenchteachers.org

Federal ID # 38-1718689



- JAF sponsor(s) must be current AATF member.
- Submit order form, separate list of student names, & payment or PO.
- No student/parent checks accepted. They will be returned.
- All orders shipped to school address.

Date needed: ____/____/____ Date to appear on certificate: ____/____/____

JAF MATERIALS AND INITIATE ORDER FORM

Sponsoring Teacher Name _____ Phone (W H C) _____

Last First Middle

School Name _____ Sponsor email: _____

School Address: _____

Street

City

State

Zip

Item (all orders must include list of student names)	Quantity	Unit Price	Total Price
Student Induction Fee with Name (certificate includes student name)		x \$4.50 per student	
Student Induction Fee (certificate does not include name)		x \$4.00 per student	
<i>Please circle:</i> 2 nd / 3 rd / 4 th – year Certificate (must include names)		x \$4.00 per student	
Invitation Silver Globe Seal		X \$.25	
Gold Diploma Seals of Excellence		x \$.50	
Casual Pin (round with JAF logo)		x \$4.50	
Student JAF ID Card: <i>Please circle:</i> with names / without names		x \$1.00	
JAF Green Pencils (Jeunes Amis du Français)		x \$5.50 for 10	
Lanyard (green on gray, Jeunes Amis du Français)		x \$4.00	
T-shirt (gray / JAF logo design)	YL YXL S M L XL	X \$15.00	
Priority Mail Shipping (allow 7-14 business days) included in price		Subtotal	
2 nd Day Air (allow 2-3 business days handling)		\$40.00	
Overnight (allow 2-3 business days handling)		\$60.00	
		TOTAL AMOUNT DUE	

Payment: Check/Money Order (payable to AATF-SHF) Purchase Order (must include copy of PO) Credit Card**Credit card payments**

Card number: _____ Amount to be charged: _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____

Billing Address: _____ Same as shipping address

Street

City/State/Zip

Billing Phone #: _____ Signature: _____