



Société Honoraire de Français
 American Association of Teachers of French
 302 N. Granite St. Marion, IL 62959-2346
 E-mail: shf@frenchteachers.org; Web: frenchteachers.org
 Phone: 815-310-5763; Fax: 815-310-5754
 Federal ID #: 38-1718689



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):

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 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 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#	_____