



# The National Elementary Honor Society

## Affiliation Renewal Invoice for School Year July 1, 2011–June 30, 2012

### 1. REVIEW AND CORRECT INFORMATION BELOW

Your school's certificate and adviser card will be printed and mailed from the information below.

School Affiliation #: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's E-mail: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Fax: \_\_\_\_\_

Adviser Name: \_\_\_\_\_

Adviser E-mail: \_\_\_\_\_

#### Co-adviser \$30.00

Co-adviser Name: \_\_\_\_\_

Co-adviser E-mail: \_\_\_\_\_

Note: Principals and assistant principals are not eligible to be an adviser. Be sure to include the e-mail address of your adviser and co-adviser.

NASSP occasionally makes available its members' mailing addresses (but never telephone, fax, or e-mail information) to third parties who provide related products and services. If you do not want to receive these mailings, please check this box.

#### NEHS Benefits

For complete information on benefits, visit [www.nehs.org/benefits](http://www.nehs.org/benefits)

### 2. PAYMENT INFORMATION

If payment has been sent, please disregard.

- Payment must be received for a school to be considered active (check, credit card, money order). A purchase order (PO) is a promise of payment and does not activate a chapter.
- Allow 3–4 weeks for processing.
- NASSP Tax ID #52-6006937.
- Duplicate payments will be applied to the next year and cannot be refunded.
- We encourage schools to pay by June 30 to receive full benefits for the school year.

**Chapter Affiliation** \$ 84.00

**Co-adviser, add \$30.00** ➔ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

CHECK/MONEY ORDER/PURCHASE ORDER\* ENCLOSED

Payable in U.S. funds drawn on a U.S. bank.

Mail to: NASSP/NEHS  
P.O. Box 3250  
Reston, VA 20195-1250

\*Membership is effective when payment is received.

OR

CHARGE MY CREDIT CARD

American Express  Master Card  Visa

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

MAKE A COPY FOR YOUR FILE—RETURN ORIGINAL

