



National Elementary Honor Society Charter Application

P.O. Box 3250, Reston, VA 20195-1250
Phone: 866-599-6347 Fax: 703-476-5432
www.nehs.org • membership@nehs.org

Please type or print clearly all information requested below.

Do not complete—Office use only

Date of approval: _____
Batch#: _____
Check#: _____
School#: _____
New charter#: _____

1. SCHOOL INFORMATION

Name of school: _____
(Please include full legal name of the school to be included on your charter certificate.)
School address: _____ School telephone: _____
_____ School fax: _____
City: _____ State: _____ Zip code: _____ School Web site: _____
Current grade levels at school: _____ Total current enrollment: _____ Total current faculty: _____
(The eligible grades for membership are grades 4, 5, and 6.)
Proposed chapter name: _____

2. SCHOOL CLASSIFICATION

School classification (Check one): Public Nonpublic
Public schools, please identify the name of the school district to which the school belongs: _____
Community type: Rural Suburban Urban

3. ADVISER INFORMATION

IMPORTANT: To ensure that your adviser receives all the benefits of membership, please include his or her name and e-mail address. Schools may choose to use more than one adviser to manage their honor society chapter. For your convenience, we offer the option of a co-adviser for an additional \$30 fee to include up to two (2) advisers. Advisers must be members of the school's faculty. Principals and assistant principals are not eligible for this position.

NEHS adviser: _____ NEHS co-adviser (if applicable): _____
E-mail address: _____ E-mail address: _____
Cell phone: _____ Cell phone: _____

NEHS occasionally makes available its members' mailing addresses (but never their 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.

4. PAYMENT INFORMATION

Check boxes for applicable fees and payment. Payment or purchase order must accompany this application. Membership becomes effective when payment is received.

- Check/money order/purchase order enclosed**
Payable in U.S. funds drawn on a U.S. bank to: NASSP
NASSP Tax ID #52-6006937
Purchase order #: _____
 - Charge my credit card** Type: Personal School/Business
Card type: MasterCard VISA American Express
Account number: _____
Expiration date: _____
Cardholder signature: _____
Printed name of cardholder: _____
Cardholder billing address: _____
 - \$125.00 Charter Fee (required)**
Includes charter certificate, a copy of the *NEHS Handbook*, and active affiliation with the national organization (School membership runs July 1–June 30).
 - \$50.00 Frame (optional)**
Charter mounted in a 13" x 16" frame.
 - \$30.00 Co-adviser Fee**
- TOTAL AMOUNT ENCLOSED: \$** _____

Please make a copy of this form for your records prior to submitting it to the national office.

5. AUTHORIZATION AND AGREEMENT

I have read the NEHS guidelines (see www.nehs.org) and selection procedures and agree that our chapter will abide by them.

Principal's name (please print) _____ Principal's signature (required) _____ Date _____
E-mail address _____