



# NATIONAL ELEMENTARY HONOR SOCIETY

Please type or print clearly all information below.

To pay by credit card, visit  
[www.nehs.org/join](http://www.nehs.org/join).

To pay by check, complete  
this form and follow the  
payment instructions.

## SCHOOL CLASSIFICATION

**School classification** (Check one):  Public  Nonpublic  Virtual/online  Charter—public  Charter—nonpublic  
**Public schools**, please identify the name of the school district to which the school belongs: \_\_\_\_\_

## SCHOOL INFORMATION

Name of school: \_\_\_\_\_  
(Please provide full, legal name of the school to be included on your optional charter certificate.)

School address: \_\_\_\_\_ School telephone: \_\_\_\_\_ School fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ School website: \_\_\_\_\_

Current grade levels at school: \_\_\_\_\_  
(The eligible grades for membership are 4–6.)

Official chapter name: \_\_\_\_\_  
(Please do not use Greek names or letters.)

## PRIMARY ADVISER INFORMATION

**A member of the school's faculty or professional staff must be appointed as a primary adviser. Principals and assistant principals are not eligible for this role.**

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Primary NEHS adviser: \_\_\_\_\_

Email address: \_\_\_\_\_

Cellphone: \_\_\_\_\_

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

## PAYMENT INFORMATION

**Use this form to pay by check.** Payment must accompany this form. Payment by credit card is accepted when applying online. Membership becomes effective upon approval. **Please allow three to four weeks for processing. Note: Purchase orders are not accepted.**

**Amount Due: \$84.00**

Includes an annual certificate of affiliation, online resources, access to the *National Elementary Honor Society Handbook*. Annual affiliation year runs July 1–June 30.

*Please make a copy of this form for your records.*



Make check payable to: NEHS/NAASP\*  
(FEIN #52-6006937).

Enclose payment in U.S. funds drawn on a U.S. bank.

Mail to: NAASP, P.O. BOX 417939, Boston, MA 02241-7939

Allow three to four weeks for processing.

## AUTHORIZATION AND AGREEMENT

I have read the NEHS National Constitution and selection procedures and agree that our chapter will abide by requirements established by the National Elementary Honor Society ([www.nehs.org/constitution](http://www.nehs.org/constitution)).

Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_  
Name of principal (please print)

\_\_\_\_\_  
Principal's signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address