



Return this form with payment to:

National Honor Society Charter Application

P.O. Box 3250, Reston, VA 20195-1250
Phone: (800) 253-7746 or (703) 860-0200
www.nhs.us • membership@nassp.org

Do not complete – Office use only

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

Please type or print clearly all information requested below.

1. SCHOOL INFORMATION

Name of school: _____
(Please include full, legal name of the school to be included on your chapter certificate.)

School address: _____ School telephone: _____
_____ School fax: _____
City: _____ State: _____ Zip code: _____ School Web site: _____
Current grade levels at school: _____ Total current enrollment: _____
(The eligible grades for membership are grades 10, 11, and 12.)
Proposed chapter name: _____

2. SCHOOL CLASSIFICATION AND ACCREDITATION

School classification (Check one): Public Nonpublic **Community type:** Rural Suburban Urban

Public schools, please identify the name of the school district to which the school belongs: _____

Nonpublic schools, please identify your **school's accreditation organization:** _____ Date accreditation received _____

All nonpublic schools must be accredited by the state department of education or by the regional accrediting associations listed on www.nhs.us.
Current accreditation verification must accompany this application for processing.

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 now offer the option (for an additional \$30 fee) to include up to two (2) advisers for each chapter. **Advisers must be a member of the school's faculty. Principals and assistant principals are not eligible for this position.**

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

NHS 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 *National Honor Society Handbook*, and active affiliation with the national organization (school membership runs July 1–June 30).

\$50.00 Frame Fee (optional)
Charter mounted in a 13" by 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 NHS National Constitution and selection procedures and agree that our chapter will abide by the requirements established by the National Council of the National Honor Society (www.nhs.us/constitutions).

Name of Principal (please print) _____ Principal's signature (required) _____ Date _____

E-mail address _____

*The National Honor Society was established in 1921 and is a program of NASSP.