



To pay by credit card, visit www.nhs.us/join

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

Please type or print clearly all information below.

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:

All private, nonpublic schools must prove accreditation by an accrediting organization recognized by NASSP or by a state department of education (only those that accredit nonpublic schools.) Current accreditation MUST accompany this application.

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 10-12.)

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 NHS adviser:

Email address:

Cellphone:

NHS 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: \$385.00

Includes an annual certificate of affiliation and access to the National 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: NHS/NASSP* (FEIN #52-6006937).

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

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

Allow three to four weeks for processing.

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 Honor Society (www.nhs.us/constitution).

Mr. Ms. Mrs. Dr. Other

Name of principal (please print)

Principal's signature (required)

Date

Email address