



Reactivated Charter Application

Please TYPE below all the information requested.

School(s) to be listed on the charter. Type (each) school name exactly as it is to be put on the charter.

_____ (The charter will be sent to this school.)

School Address _____

School Telephone Number _____

School web site _____

Principal's name _____

Current total enrollment _____ Full-time faculty (incl. Administration) _____

Name of Chartering Chapter Lead Advisor _____

Advisor's email _____ Advisor's telephone _____ ext. _____

Proposed chapter name _____

(do not use names involving non-standard lettering—see NEHS guidelines at http://www.nehs.us/nehs/chapter_admin/chapters.shtml#names)

Alternate chapter name _____

(do not use names involving non-standard lettering—see NEHS guidelines at http://www.nehs.us/nehs/chapter_admin/chapters.shtml#names)

Please provide the following information about your school:

Is your high school public private parochial charter other _____

If a public school, the School District to which the school belongs _____

Are you or any of the Faculty Advisory Council members of Sigma Tau Delta? Yes No

What precipitated your leaving NEHS?

- Lack of student interest
- Lack of available Advisor support
- Lack of Administrative support
- Lack of Funding
- Other _____

What brings you back to NEHS?

- Member benefits (scholarships, awards, grants)
- New Advisor support
- New Administrative support
- Funding available
- Other _____

If more than one school is sharing a charter, please complete one form per school and submit together, in one envelope. See eligibility requirements at www.nehs.us for more information.

Fees

Check boxes for applicable fees.

- \$100.00 Charter Fee (required). Charter Fee includes charter certificate and one-year active membership in NEHS*

- \$45.00 Plaque (optional). Charter mounted on walnut-finished plaque.

Payment Method

Payment must accompany this application; purchase orders cannot be processed.

Total Amount \$ _____

Check/money order enclosed. Please make payable to: **NEHS**

Credit Card. Check one: Visa MasterCard

Credit Card Number _____ Exp. Date _____

Cardholder's Name (as printed on the card) _____

Credit Card Billing Address _____

Cardholder Telephone Number _____

Cardholder Signature _____

Signature

I have read the NEHS Constitution and approve the chartering of a National English Honor Society chapter at this school.

Principal's Signature

Principal's Name (print)

Date

Return this completed form**, with payment, to:

**National English Honor Society
Department of English
Northern Illinois University
DeKalb, IL 60115**

Telephone: (815) 981-8682

email: nehs@niu.edu

web site: www.nehs.us

* Membership must be renewed annually in order to preserve the active chapter status of your school's NEHS chapter. Renewal notices will be sent to the Lead Chapter Advisor, requesting payment for the following year's membership fee (\$65.00).

** Make a copy of your application for your school and chapter records.