



SOCIEDAD HONORARIA HISPÁNICA 2011-2012 MEMBERSHIP ORDER FORM



sponsored by
The American Association of Teachers of Spanish and Portuguese

PLEASE PRINT OR TYPE ALL INFORMATION. SEND A NUMBERED LIST OF NAMES OF ALL INITIATES ON THE BACK OR ON A SEPARATE SHEET. IF WE DO NOT HAVE A RECORD OF THE INITIATES, THEY ARE NOT OFFICIAL MEMBERS AND ARE NOT ELIGIBLE FOR THE SHH TRAVEL AWARDS OR SCHOLARSHIPS. MAKE CHECKS PAYABLE TO: SOCIEDAD HONORARIA HISPÁNICA. NO PHONE OR E-MAIL ORDERS. PURCHASE ORDERS MUST INCLUDE THIS SHH ORDER FORM AND NUMBERED LIST OF STUDENTS. PLEASE ALLOW 2-3 WEEKS FOR PROCESSING. INDICATE SCHOOL VACATION DATES IF NEAR THE TIME OF YOUR ORDER. MAIL ORDER FORM, PAYMENT AND LIST TO:

SOCIEDAD HONORARIA HISPÁNICA

P.O. Box 5318

Buffalo Grove, IL 60089-5318

Phone: 847-550-0455 Fax: 847-550-0460 E-Mail: sociedad@comcast.net www.sociedadhonorariahispanica.net

CEREMONY DATE _____ AATSP NUMBER _____

SPRING OR WINTER BREAK DATES: _____

SPONSOR _____ NEW _____ OLD _____

If new, please list:

CHAPTER NAME _____ PREVIOUS SPONSOR _____

SCHOOL _____ E-MAIL _____

STREET _____

CITY _____ STATE _____ ZIP+4 _____

HOME PHONE _____ SCHOOL PHONE _____ EXT _____

QUANTITY *(Each Membership includes an official SHH certificate and plastic cover)*

MEMBERSHIPS FOR NEW INITIATES, AT \$5.00 EACH

_____ REGULAR certificates? _____ or LASER WEIGHT certificates? _____ *(choose one type)* \$ _____

_____ HONORARY CERTIFICATES AT \$5.00 EACH *(for exchange students and adults)* \$ _____

_____ PATCHES AT \$1.00 EACH \$ _____

_____ SETS OF SEALS AT \$1.00 *(each set contains 5 seals)* \$ _____

_____ REACTIVATION FEE AT \$5.00 \$ _____

(If your chapter did not order official memberships from the SHH last year, you must pay this fee.)

POSTAGE AND HANDLING (All orders choose one)

Order total LESS than \$100: (a) Regular mail: add 5% of the amount of the order (Note: Minimum postage \$.50) or (b) Priority Mail (2-3 days): add \$5 flat fee \$ _____

Order total OVER \$100: Priority Mail (2-3 days): add 5% of the amount of the order. \$ _____

EXPRESS MAIL: (a) For any order up to \$200, add \$20 flat fee or \$ _____

(b) For any order over \$200, add 10% of the amount of the order. \$ _____

TOTAL ENCLOSED \$ _____

FOR SHH OFFICE USE ONLY:

_____ RECEIVED	_____ P.O. NO.	_____ PREPARED
_____ AATSP	_____ INVOICE NO.	_____ MAILED
_____ ML	_____ PAYMENT RECEIVED	_____ REACTIVATION
_____ CHECK NO.	_____ UNDERPAYMENT	_____ NEW SPONSOR
_____ AMOUNT	_____ OVERPAYMENT	

NUMBERED LIST OF INITIATES ON BACK OR ON A SEPARATE SHEET.