

**SOCIEDAD HISPANICA DE AMISTAD - ORDER FORM FOR REGULAR MEMBER CERTIFICATES**

Please make sure ALL SPONSORS ARE MEMBERS OF AATSP. Send this form 30 DAYS BEFORE INDUCTION DATE to:

Sociedad Hispánica de Amistad  
P.O. Box 4128  
Frankfort, KY 40604-4128

A fee of \$5.00 per student must be enclosed. PLEASE DO NOT SEND CASH.  
MAKE ONE CHECK, payable to SOCIEDAD HISPANICA DE AMISTAD.  
SHA cannot accept purchase orders. PLEASE DO NOT STAPLE CHECKS.

I wish to order Regular Membership certificates for the following students. I certify that each of them has completed at least one project from each of the following: Ambassadorship, School Service, and Community Service.

NAME OF SPONSOR \_\_\_\_\_ NAME OF CHAPTER \_\_\_\_\_  
HOME PHONE AND E-MAIL \_\_\_\_\_  
NAME OF SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHOOL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS IS AN OFFICIAL RECORD -- PLEASE TYPE OR PRINT NEATLY.

NAMES OF INITIATES (Attach separate sheet if there are more than 30.)

- 1. \_\_\_\_\_ 16. \_\_\_\_\_
- 2. \_\_\_\_\_ 17. \_\_\_\_\_
- 3. \_\_\_\_\_ 18. \_\_\_\_\_
- 4. \_\_\_\_\_ 19. \_\_\_\_\_
- 5. \_\_\_\_\_ 20. \_\_\_\_\_
- 6. \_\_\_\_\_ 21. \_\_\_\_\_
- 7. \_\_\_\_\_ 22. \_\_\_\_\_
- 8. \_\_\_\_\_ 23. \_\_\_\_\_
- 9. \_\_\_\_\_ 24. \_\_\_\_\_
- 10. \_\_\_\_\_ 25. \_\_\_\_\_
- 11. \_\_\_\_\_ 26. \_\_\_\_\_
- 12. \_\_\_\_\_ 27. \_\_\_\_\_
- 13. \_\_\_\_\_ 28. \_\_\_\_\_
- 14. \_\_\_\_\_ 29. \_\_\_\_\_
- 15. \_\_\_\_\_ 30. \_\_\_\_\_

I wish to order \_\_\_\_\_ certificates at \$5.00 each.....\$ \_\_\_\_\_

\_\_\_\_ cert. of service (limit 10%) \_\_\_\_ cert. of excellence (limit 10%) \_\_\_\_ premio de amistad (limit 1) NO CHARGE

ALL CERTIFICATES ARE SENT FIRST CLASS. FOR EXPRESS MAIL, ADD \$17.00.....\$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED.....\$ \_\_\_\_\_

FOR SHA USE ONLY: \_\_\_\_\_ AATSP \_\_\_\_\_ ACTIVE \_\_\_\_\_ NEW CH \_\_\_\_\_ MLIST \_\_\_\_\_ CK#  
\_\_\_\_\_ DATE PPD \_\_\_\_\_ DATE MAILED \$ \_\_\_\_\_ OP? \_\_\_\_\_ OP SENT

SOCIEDAD HISPANICA DE AMISTAD -----ORDER FORM FOR HONOR MEMBER CERTIFICATES

Please make sure ALL SPONSORS ARE MEMBERS OF AATSP. Send this form 30 DAYS BEFORE INDUCTION DATE to:

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Frankfort, KY 40604-4128

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I wish to order Honor Membership certificates for the following students. I certify that each of them has completed at least 1 year of Spanish or Portuguese, has an honor average, and has completed advanced project work in each of the following areas: Ambassadorship, School Service, and Community Service.

NAME OF SPONSOR \_\_\_\_\_ NAME OF CHAPTER \_\_\_\_\_  
HOME PHONE AND E-MAIL \_\_\_\_\_  
NAME OF SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHOOL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS IS AN OFFICIAL RECORD -- PLEASE TYPE OR PRINT NEATLY.

NAMES OF INITIATES (Attach separate sheet if there are more than 30.)

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- 2. \_\_\_\_\_ 17. \_\_\_\_\_
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- 6. \_\_\_\_\_ 21. \_\_\_\_\_
- 7. \_\_\_\_\_ 22. \_\_\_\_\_
- 8. \_\_\_\_\_ 23. \_\_\_\_\_
- 9. \_\_\_\_\_ 24. \_\_\_\_\_
- 10. \_\_\_\_\_ 25. \_\_\_\_\_
- 11. \_\_\_\_\_ 26. \_\_\_\_\_
- 12. \_\_\_\_\_ 27. \_\_\_\_\_
- 13. \_\_\_\_\_ 28. \_\_\_\_\_
- 14. \_\_\_\_\_ 29. \_\_\_\_\_
- 15. \_\_\_\_\_ 30. \_\_\_\_\_

I wish to order \_\_\_\_\_ certificates at \$5.00 each.....\$ \_\_\_\_\_

\_\_\_\_ cert. of service (limit 10%) \_\_\_\_ cert. of excellence (limit 10%) \_\_\_\_ premio de amistad (limit 1).....NO CHARGE

ALL CERTIFICATES ARE SENT FIRST CLASS. FOR EXPRESS MAIL, ADD \$17.00.....\$ \_\_\_\_\_

TOTAL AMOUNT ENCLOSED.....\$ \_\_\_\_\_

FOR SHA USE ONLY: \_\_\_\_\_ AATSP \_\_\_\_\_ ACTIVE \_\_\_\_\_ NEW CH \_\_\_\_\_ MLIST \_\_\_\_\_ CK#

\_\_\_\_\_ DATE PPD \_\_\_\_\_ DATE MAILED \$ \_\_\_\_\_ OP? \_\_\_\_\_ OP SENT