

Sociedad Hispánica de Amistad Charter Application

All sponsors and co-sponsors must be current AATSP members.
If you are not a current member, please join online
OR print and mail the AATSP Membership Form available at www.aatsp.org

Complete this application form and submit it with payment in the amount of **\$25.00** to:

AATSP National Office
900 Ladd Road
Walled Lake, MI 48390
FAX: 248-960-9570

Sponsor: _____ Employer: _____

Sponsor Email Address: _____ Address: _____

Phone: _____ City: _____

Co-Sponsor (optional): _____ State: _____ Zip Code: _____

Co-Sponsor Email Address: _____ School Phone: _____ Ext: _____

This school is classified as: Elementary _____ Middle School _____ Junior high _____

Grade level instruction in the language begins: _____

How many minutes per week is the language taught at each grade level?

K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 (junior high only) _____

What is the highest level of proficiency attained by students in the program?

- Exploratory only. (Students still enroll in Spanish I when they enter high school.) _____
- Students complete equivalent of high school Spanish I _____
- Students complete equivalent of high school Spanish II _____
- Students complete equivalent of high school Spanish III _____
- Other: _____

At what point in your program do you plan to first begin admitting students to the Sociedad Hispánica de Amistad?

K _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____

List THREE proposed chapter names in order of preference. Names should be brief, in Spanish, and may be historical, literary, or of special significance to your school.

1. _____
2. _____
3. _____

Sponsor's signature _____ Date _____

Credit Card Payment Information: (Visa/MasterCard)	Amount \$ _____
Credit Card # _____	Security Code: _____ Exp. Date _____
Name as it appears on Credit Card _____	
Signature _____	