**National Honor Society**

2017-2018 Member Application

*This application and your $20 dues will be collected during lunch on Sept. 28st and 29nd in front of Mrs. Landsea’s room (9320). The first meeting of the year will take place on Wednesday, October 4th, 2017 in the Auditorium.*

**Basic Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #\_\_­­­­­\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_ T-Shirt Size:\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schedule**

Please notify the board of any changes to your schedule.

* Period 5: Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_
* Period 6: Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_

**Extracurricular Activities**

Please list any clubs, sports, performance groups, etc. you will participate in during this school year. Identify any activities that may interfere with NHS meetings.

Activity Meeting times

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Honor Code**

*Please read the following statement and sign below.*

The National Honor Society Constitution states: “the purpose of this organization shall be to create enthusiasm for scholarship, to stimulate a desire to render service, to promote leadership, and to develop character in the students of secondary schools.”

In accordance with this purpose, I understand that I am expected to uphold high principles of ethics, honesty, and responsibility. I will honestly report my participation in community service activities, remain dedicated to my scholarship, and respect my peers. I understand that violation of these principles will result in my removal from the Coral Gables Senior High NHS chapter.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_