

National Honors Society Membership Form

Please return to one of the officers by November 8th, 2019.

Name:

Email:

Phone Number:

| Period | Class | Teacher | Room Number |
|--------|-------|---------|-------------|
| 1 | | | |
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Service Projects (filled out by secretary):

Projects Lead:

Project Title:

Date:

Project Title:

Date:

Projects Participated In:

Project Title:

Date:

Project Title:

Date:

Project Title:

Date:

Project Title:

Date: