

NEW MEMBER APPLICATION



Please PRINT all information clearly.

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

School Name: _____

Age: _____ Grade: _____ T-Shirt Size: _____

Demographics: Please check all that apply: (optional, for federal reporting purposes)

- Male Female Hispanic Non-Hispanic
 Caucasian African/American American Indian
 Asian (Filipino, Japanese, Korean, Asian Indian, Thai) Asian (all others)
 Native Hawaiian/Pacific Islander

 Handicapped (Classified ADA)

Class Schedule:

What is your career interest? _____

Your teacher/chapter advisor will inform you of what your affiliation dues will be and when they must be paid.

For teacher use:

Information entered in HOSA affiliation system Fees paid \$ _____ Cash/Check # _____