

# 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.

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**For teacher use:**

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