

\$30 Dues Paid _____ (Make Checks Payable to POB HOSA)

Last Name: _____

School ID#: _____

HOSA Membership Application

***** T-shirt Design Contest: design due by Sept.26th*****

T-shirt Size: S M L XL 2X 3X

First Name: _____ Last Name: _____ CTE Course _____

Address: _____ City: _____ State: _____ Zip: _____ Grade: _____

Email: _____ Cell #: _____

Parent or Guardian: _____

Parent/Guardian Email: _____

Are you aware of the various HOSA competitive events? Y N If not, please go to www.hosa.org to check them out.

School related activities you are involved in this year: _____

What do you want to gain from your experience as a HOSA member? _____

*******General HOSA Interest meeting on Thursday, Sept. 18th from 2:30 to 4:00 pm in the cafeteria*******

In an effort to engage all members, HOSA will be forming committees and participation in each committee is opened to all HOSA members. As you are reviewing the list, please keep in mind other extra-curricular activities you will be participating in or are considering for involvement such as sports, marching band, or other academic clubs.

PLEASE PLACE A CHECK BESIDE YOUR TOP TWO CHOICES FOR INVOLVEMENT*

- Blood Drive Coordination (Oct., Dec., Feb.)
- Holiday Community Service Projects (Nov./ Dec.)
- Other Community Service Projects (Susan G. Komen, Autism Speaks, Alzheimer's, etc.)
- Kids Health Link (Sept. 20th - see Ms. Bell to sign-up as a volunteer)
- State Service Project: No Kid Hungry Campaign
- Regional, State, and National Competitions (See HOSA.org for Competitive Events Details)

****Please note that if you are interested in more than two activities, you will still have the option to participate in each; whether as a project leader or support. Everyone is encouraged to participate in the National Service Project, Holiday Community Service, and Competitions.***

Do you know of anyone who might be interested in being a guest speaker? If so, please provide a name and phone number or email address. _____

Parent Signature below indicates that you support your child participating in HOSA and that you will provide transportation for them if they stay for the after school events.

Parent Signature

Daytime Phone

Date