

Member Affiliation Form



Please PRINT all information clearly.

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address (that you check!) _____

School Name: _____

Grade: _____ T-Shirt Size: _____

Demographics: Please check all that apply:

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

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 # _____