# Louisiana HOSA Member Registration Post-Secondary / Collegiate

**Please PRINT all information VERY clearly.**

**Name:** _____

**Address:** _____

**City:** _____ Zip: _____

**Cell Phone:** _____ **Alternate Phone:**_____

**Personal Email:** _____

**School Email:** _____

**Parish (of school):** _____

**School Name:** _____

**Age**:_____ **Grade:** _____ **Gender:** ____ **Male** ____ **Female** ____**Non-Binary**

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

____ Disabled (Classified ADA)

**Race/Ethnicity**

____ Black ____ White ____ Native American ____ Asian ____ Hispanic ____Other

**What is your career interest?** _____

**State/Nationals Dues: $30 per person** **Chapter Dues:** ____ **Total Due:** ____

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

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**For teacher use:**

_____ Member/Dues Agreement _____ Information entered on HOSA registration _____ Dues

**Paid** **Notes:**

$_____ cash/check # _____

# Louisiana HOSA
# Membership Registration
# And Dues Payment Agreement

I, _____, fully understand that by signing this document I agree to be registered as a member of _____ HOSA Chapter. I fully understand that once I am registered as a HOSA member, HOSA ***does not allow*** my name to be removed from the list ***under any circumstances,*** and that each registered member is required to pay the membership dues set by HOSA. Therefore, upon signing this document, I agree to pay my dues, even if I become unable (for any reason) to participate as an active member of HOSA. I further understand that my payment for my membership dues must be received before the date I am registered as a HOSA member on the Online Affiliation Application. The total amount I am required to pay is: $_____

_____
Member Signature

_____
Date

_____
School