



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/Af.Am. White Native American Asian Hispanic Other

What is your career interest? _____

State/Nationals Dues: \$25 per person **Chapter Dues:** **Total Due:**

Your teacher/chapter advisor will inform you of what your affiliation dues amount and due date.

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

Parent Signature (if under 18)

Date

School