



Louisiana HOSA Member Registration High School / Middle School

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 will inform you of what your affiliation dues will be and when they must be paid by.

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

Date

School