

Yes, I want to join **HOSA**, an association of emerging health care providers who desire to develop leadership and technical skill competencies through competition, motivation, awareness, and recognition. [www.hosa.org](http://www.hosa.org) or [www.texashosa.org](http://www.texashosa.org)

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_

Email address (write neatly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOSA dues are listed below: Checks can be made out to DSHS HOSA

HOSA Membership (Local, State, and National Affiliation) $40

HOSA T-Shirt (Please indicate Size below)……………………………………………$8

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Total Due: $48

\*If paying by check, please make payable to DSHS HOSA with student’s name in memo

Amount Paid:\_\_\_\_\_\_\_ How Paid: check no. \_\_\_\_\_\_ cash \_\_\_\_\_ Balance Due:\_\_\_\_\_\_

Shirt size: S M L XL XXL

Additional fees for students participating in the HOSA competitive events are as follows (collected at a later date):

* Some travel costs associated with National Competition Qualification

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| ADVISOR USE ONLY: | | | | SHIRT DELIVERY: | | |
| Date | Cash | Check # | Initials | Date | Officer initials | Student initials |

**\*\*Please return forms to Mrs. Henry (D110) by Friday, September 23rd, 2016\*\***