



SOUTH SEVIER HIGH SCHOOL HOSA MEMBERSHIP APPLICATION

Name: _____ Grade: _____

Ethnicity: _____ Gender: _____

Parents' Names: _____

Email Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Preferred Method of Contact (*circle all that apply*) Email Cell Text

HOSA OFFICE (You have the opportunity to receive leadership training)

If you would like to run for a HOSA Office please check only ***one*** of the following boxes after reading and understanding what your HOSA duties will be. You must also agree to attend the Fall Leadership Conference in October. As an officer you will be expected to conduct all meetings according to Robert's Rules of Order.

___ I do **not** wish to run for a HOSA Chapter Office

___ **President** - presides over & conducts meetings, coordinates activities and keeps chapter on task, and appoints committees.

___ **Vice President** - assists president, and presides in president's absence, and coordinates all committee work.

___ **Secretary** - prepares and reads the minutes of meetings, types agenda, keeps roll at meetings, prepares all chapter written documents and reports, and works with treasurer in keeping the membership list and distributing membership cards.

___ **Treasurer** - keeps records of all chapter funds neat and accurate, collects all monies, assists in preparing chapter budget.

___ **Reporter** - keeps written records of chapter successes and outstanding achievements, gathers chapter news, contacts local media to inform them of exceptional chapter activities, submits articles of chapter activities to local newspapers, and HOSA.

___ **Historian** - Maintains a history of local HOSA activities, compiles chapter scrapbook, and may presents book at conference.

Which of the following HOSA activities interest you? (*circle all that apply*)

Competitive Events

Community Service

Industry Tours

Networking

HOSA Officer

Leadership

Workshops

Conferences

Scholarships

Job Shadowing

Social Events

Health Education

I understand that as a member of HOSA, I am subject to the rules and bylaws of the organization (a copy will be given to you). I agree to pay all dues on time, to participate in all activities and competitions, and to become a valued member of the SSHS HOSA Chapter.

Parent's Signature Date

Student's Signature Date

Secretary Use Only: Dues Paid: Y or N Date Dues Paid: _____