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2021 -2022

New York

**New York State HOSA Membership Application**

Due to some changes in Federal and New York Education laws you will need to provide your advisor with the

information below as they are not allowed to get the information from school files. So if you complete the application form we will be using this information only for HOSA membership registration, Fall Leadership Conference registration, Spring Leadership Conference registration, International Conference Registration, and use for newsletters and website (script, videos and pictures).

Welcome to HOSA! In order to complete your membership application, you need to complete this form:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | Last Name |  |
| **Home Street Address** |
| **City** |  | State |  | Zip Code |  |
| **Phone Number** |  | Email Address |  |
| **Grade** |  | Gender (Male, Female, Other) | Race (Asian, Black, Latino, Native American, White, Other) |  |
| **School Name** |  |
| **School Address Street** |  | City |  | Zip Code |  |
| **Advisor’s Name** |  |
| **Advisor’s email** |  | Chapter # (if known) |  |
| **Student Signature** |  | Date |  |
| **Parent Signature** |  | Date |  |

For legal reasons we need the actual signatures do not select a font and sign it that way.

This form can be sent by:

1. To your advisor via email if allowed or by handing directly to them.

2. Or if you need assistance with your chapter you can scan and send them to me at

E -mail: StateAdvisor@newyorkhosa.org

Dues for 2021 -2022 are $22.00 – Make checks/money orders payable to HOSA – Future Health Professionals

Include your name, Chapter # in the “memo” of the check. Then give to your advisor and they can print the invoice they need with the address in which to send it. They can call or email me if they need more assistance.