****

New York

**New York State HOSA Membership Application**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | Last Name |  |
| **Home Contact Information** |
| **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** |  | State |  | Zip Code |  |
| **Advisor’s Name** |  |
| **Advisor’s email** |  |
| **Chapter # (if known)** |  |

This form can be sent by:

1.E-mail: StateAdvisor@newyorkhosa.org

2. Mail: Theresa Mitchell, New York State HOSA

State Advisor

4162 South Street Road

Marcellus, NY 13108

Dues for 2020-2021 are $22.00 – Make checks/money orders payable to HOSA – Future Health Professionals

Include your name, Chapter # in the “memo” of the check