

# Eagles Landing High School Health Occupations Students of America



## Local Membership Application

### *Deadline to Join ELHS HOSA: TBA*

HOSA is a student organization whose mission is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skill and leadership development of all health science technology education students, therefore, helping students to meet the needs of the health care community. The ELHS HOSA Advisor is Dr. Jemy Phan, Healthcare Science Teacher.

ELHS HOSA provides:

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Travel Opportunities</li> <li><input type="checkbox"/> Challenging Competitions</li> <li><input type="checkbox"/> Community Service Experience</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Leadership Development</li> <li><input type="checkbox"/> Scholarships and Prizes</li> <li><input type="checkbox"/> Friendship and Fun</li> </ul> |
|---|--|

You will get to know people in your state and across the nation at state and nationally sponsored events. Members have the opportunity to compete for awards and recognition on the local, state, and national levels in more than 40 different event categories including healthcare skills, leadership skills, team events, public speaking, job interview and much, much more!

Become a leader in your school, state, or country when you become an officer. Travel! Learn to lead! Develop friendships! Earn recognition! All of these adventures and more await you when you become a member of HOSA.

To become a member, please fill out and return with your \$35.00 dues (Healthcare Science Students only). Please pay with CASH or CHECK to ELHS HOSA. *Payment will cover local, state, and national dues for the current school year).*

**PLEASE READ: Parents, check and sign the appropriate box as it relates to your student**

Parent Signature: \_\_\_\_\_

My child may participate in HOSA

My child may not participate in HOSA

Please complete using black ink.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years in HOSA:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> (check the grade)      Gender:  Male  Female

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Current Schedule:**

PERIOD	Course	Teacher	Room
1			
2			
3			
4			
5			
6			
7			

(Chapter Officer/Adviser Use Only)

This member has paid dues: Check  Cash:  Date: \_\_\_\_\_ This member has been entered online: