



# Louisiana HOSA

## New Member Application



Please PRINT all information clearly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parish (of school): \_\_\_\_\_

School Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Demographics:** Please check all that apply: (optional, for federal reporting purposes)

☐ Male      ☐ Female      ☐ Hispanic      ☐ Non-Hispanic  
☐ Caucasian      ☐ African/American      ☐ American Indian  
☐ Asian (Filipino, Japanese, Korean, Asian Indian, Thai)      ☐ Asian (all others)  
☐ Native Hawaiian/Pacific Islander  
  
☐ Handicapped (Classified ADA)

What is your career interest? \_\_\_\_\_

Your teacher/chapter advisor will inform you of what your affiliation dues will be and when they must be paid by. You will be placed on the list to receive the monthly HOSA e-news.

For teacher use:

\_\_\_\_\_ Information entered on HOSA registration      \_\_\_\_\_ Fees paid

\$ \_\_\_\_\_ cash/check # \_\_\_\_\_