ILLINOIS ASSOCIATION HOSA
Chapter Affiliation Form

Please type: ***Check one:***

SCHOOL_____ _____ Secondary/High School

SCHOOL ADDRESS_____ _____ _____ Post/Secondary/Adult
[Street] [County]
_____ Collegiate

_____ _____
[City] [Zip]

School Telephone _[_____]_____-_____ School FAX #_[_____]_____-_____

Advisor _____Advisor's Home Phone # _[_____]_____-_____
Advisor's e-mail address _____
Number of Years as Advisor _____ Is your chapter new this year? _____ Number of Student Members _____

How many students are in the following grades? _____ _____ _____ _____ _____ _____ _____
9 10 11 12 13 14 College

What percent of total health occupations program enrollment is represented by the number of students affiliated with HOSA?

_____ 100% _____ 75-99% _____ 50-74% _____ 25-49% _____ Less than 25%

DEMOGRAPHIC INFORMATION

Student Members Only

SEX	**Ethnic Group**	**Other Categories**
_____ Male	_____ American Indian	_____ Disadvantaged
_____ Female	_____ Asian	_____ Handicapped
	_____ Black, Afro-American	_____ Non-traditional
	_____ Hispanic	_____ Displaced Worker
	_____ White, Caucasian	

Chapter Officers:

President_____ Vice President_____

Secretary_____ Treasurer_____

Chapter Affiliation Fees

_____ Student members x $15=_____ **First Semester ------ Deadline October 31** _____
[Students enrolled in health occupations first semester]

_____ Professional members x $15=_____ **Second Semester -- Deadline February 1** _____
[Students enrolled in health occupations after 1st semester]

_____ Alumni members x $0=_____ .

_____ **TOTAL MEMBERSHIP x $15= _____**

Check payable to: Illinois HOSA *[school check preferred]*

Send check, chapter affiliation form, & membership form to: Jan Rittenhouse, Illinois Association HOSA
Central Community High School
7740 Old U. S. 50, Breese, Illinois 62230
Telephone: 618.526.4578 ext. 218 School; 618.526.7647 FAX