

ILLINOIS ASSOCIATION HOSA

Chapter Membership Form

SCHOOL _____ Date _____

SCHOOL ADDRESS _____ Street or P.O. Box _____ School Phone _____ (Area Code/Number) _____

(City) _____ (County) _____ (State) _____ (Zip) _____

Signed: _____
 Advisor _____ Chief School Administrator [Signature required] _____

 Type Advisor's Name

 Type Administrator's Name

Members of an Approved Program	Course	Date Enrolled
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____

1] Complete this form. Keep a copy for your records. Advisor and administrator must sign forms.
 List all members--student, professional, and alumni in alphabetical order by last name.

2] Indicate any members who are not currently enrolled in a health occupations class with an asterisk [*]

3] Contact Jan Rittenhouse at janrittenhouse@hotmail.com for chapter charter number and password.

4] Transfer members from this form online to www.hosa.org membership.

5] Remit state and national membership assessment fees with membership form.

Check should be payable to: **Illinois HOSA.**

6] Mail to: Jan Rittenhouse, Central Community HS, 7740 Old U.S. 50, Breese, IL 62230

Telephone: [618] 526-4578, ext. 218 school; [618] 226-3518 home; [618] 526-7647 fax;

Membership forms may be submitted per email; however, the membership will not be processed until payment is received

Deadline: 1st Semester--October 31

Students enrolled in health occupations 1st Semester_

2nd Semester--February 1

Students enrolled in health occupations after 1st Semester