Florence High School : HOSA CHAPTER

Membership FORM

Student Name: _____

Student Email: _____
Gender:_____ Phone Number: _____ Birthdate_____
$40.00 – National, State , and Local membership Cost

Check: _____ Check # _____

Cash: _____ Change (if applicable): _____

Please choose which committee you would like to serve on with the following numbers
1 First Choice 2 Second Choice 3 Third Choice

_____Homecoming _____ Fundraising _____ Party Planning

_____Guest Speaker Planning/ Labs learned beyond the classroom at FHS

_____ Field Trip Planning

<u>Write BELOW what you want out of HOSA this year</u>

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