



## Pearland High School HOSA Membership Form

**\*\*\*\*Annual dues are as follows: \$25, cash, personal check, or by your Skyward account. HOSA membership dues are due NO LATER THAN, MONDAY, October 26, 2020. \*\*\*\***  
**(Meetings will be held via TEAMS, to be determined at this time)**

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

Student ID: \_\_\_\_\_

Current Grade Level:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Birth Month: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**(Information will be sent to you via your email address so please print legibly)**

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Students,  
The national HOSA registration process requests the following information as part of your registration. IT IS VOLUNTARY, but, your sharing this information with us aids the registration process. Thanks you.

What is your race/ethnicity? (CHECK ONE)

Asian  Black  Hispanic  White  Other

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Parents/Guardian,  
Pearland ISD's Career & Technical Education office requests that you sign below to indicate that you son/daughter is requesting to participate with the Pearland High School chapter HOSA – Future Health Professionals for the 2020-2021 school year.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Parent/Guardian,  
Pearland High School HOSA chapter welcomes chaperones (male & female) to accompany our group during events. If you would be able and willing to assist, please list your name and contact information below. We thank you in advance!

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE NUMBER