



ILLINOIS ASSOCIATION HOSA

Chapter Affiliation Form

SCHOOL \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_ SCHOOL FAX: \_\_\_\_\_

Advisor: \_\_\_\_\_ Advisor's Home Phone# \_\_\_\_\_

Advisor email: \_\_\_\_\_ Advisor's Cell Phone# \_\_\_\_\_

Number of Years as Advisor: \_\_\_\_\_ Is your chapter new this year? \_\_\_\_\_

**Chapter Officers:**

President \_\_\_\_\_ Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**MEMBERSHIP INFORMATION:**

Please check one:	Total Number of Student Members: _____	What percent of total health science enrollment is represented by the number of students in HOSA
_____ Secondary/High School	9th _____	100% _____
_____ Post-Secondary/Adult	10th _____	75-99% _____
_____ Collegiate	11th _____	50-74% _____
	12th _____	25-49% _____
	College _____	less than 25% _____

Total Number of Advisors/Professionals Affiliating \_\_\_\_\_

Total Number of Members Currently Enrolled in Health Science Courses:  
(i.e. Health Occ.; C.N.A.; Medical Term.; Anatomy, etc) \_\_\_\_\_

Total Number of Members Previously Enrolled in Health Science Courses: \_\_\_\_\_

Total Number of Members Not Enrolled in Health Science Courses:  
(i.e. enrolled in Biology, Chemistry, etc) \_\_\_\_\_



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**DEMOGRAPHIC INFORMATION: (Student Members Only)**

Gender	Ethnic Group	Other Categories
_____ Male	_____ American Indian	_____ Disadvantaged
_____ Female	_____ Asian	_____ Handicapped
	_____ African-American	_____ Non-traditional
	_____ Latino	_____ Displaced Worker
	_____ White, Caucasian	

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**ADVISOR/ADMINISTRATOR VERIFICATION**

\_\_\_\_\_  
Advisor - Please Print

\_\_\_\_\_  
Chief School Administrator - Please Print

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Administrator Signature

Please send Chapter Affiliation Form to:

April Sonnefeldt  
PO Box 4097  
Lisle, IL 60532

\*Please send all affiliation payments directly to HOSA, 548 Silicon Dr., Suite 101, Southlake, TX 76092