

STATE OFFICER APPLICATION FORM

PLEASE TYPE OR PRINT

Region _____ Grade (next Year) _____

Name _____ Date of Birth _____

Mailing Address _____

City _____ Zipcode _____

E-Mail _____

Parent/Guardian _____ Home Phone _____

Chapter: _____ Previous _____

Total number of years in HOSA _____

Current dues paying member of an affiliated chapter ____yes ____no

Grade Point Average _____ (must be 2.5 GPA or higher)

HOSA offices held _____

State _____ Chapter _____

State Office I wish to apply for:

- _____ President Elect
- _____ Northern Region VP
- _____ Southern Region VP
- _____ Secretary
- _____ Historian/Reporter
- _____ Collegiate Representative

DEADLINE: April 1

MAIL TO: Oregon HOSA
2611 Pringle Rd. SE
Salem OR 97302