

PENN HOSA Membership Assurance Form

**The (school name here)** is requesting to renew the chartered membership in HOSA Future Health Professionals. As an official representative of the school, my signature below assures:

1. The school supports the formation of a HOSA Chapter.
2. The school has a process or is willing to initiate a process where HOSA affiliation fees and event registration fees are paid from a school account by check or credit card. (Please note, this does not mean the school must fund the chapter but merely pay the chapter fees from a school account as neither HOSA nor PENN HOSA accepts individual payments from students).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of a School Administrator/Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date