Logo, company name

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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).

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Signature of a School Administrator/Principal

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Date