AFFILIATION WITH KY HOSA

To obtain your State Charter and become affiliated with National HOSA and Kentucky HOSA, your local Chapter must send the following items to:

Susan Readnower KY HOSA State Advisor

300 Sower Blvd., 5th Floor SW

Frankfort, KY 40601

ITEMS:

1. A letter of intent. State the Chapter's desire to become an affiliate of KY-HOSA. Make certain the letter includes the name and address of your Chapter and is signed by the Chapter President or Chapter Advisor. *[Document found on KY HOSA page]*

2. A copy of Chapter By-Laws Sample. *[Document found on KY HOSA page]*

3. The Charter fee of $20.00. Checks should be made out to KYHOSA. (school or advisor check)

*4. A complete list of members. Send remittance to cover State and National membership fees to national HOSA after you affiliate online www.HOSA.org . Affiliation fees for each member are $20.00 (This includes $10 for KY HOSA and $10 for International HOSA)Use the online official membership form. You cannot affiliate online until KY HOSA receives items 1,2, &3. The State Advisor then contacts HOSA Headquarters who will email you the Charter number and account login info. Dues must be paid online by December 31st.

*5. A copy of the current program of work. Sample *[Document found on KY HOSA page]*

*6. A complete list of Chapter Officers, with names, addresses, and home phone numbers.

*The due date for these steps may be extended until you have elected officers and you have developed your program of work for the school year.

Your local chapter will receive a letter from the State Advisor acknowledging that the requirements for charter have been met. Your chapter will then be able to participate in all state and national HOSA activities.

KY HOSA Website: www.kyhosa.org

National HOSA Website: www.hosa.org

KY HOSA STATE TREASURY INVOICE FOR PAYMENT

KYHOSA # _____

Date: _____, 2022

To:

Make Check Payable To: KY HOSA

Remittance Address: 300 Sower Blvd., 5th Floor SW
                                  Frankfort KY 40601

Purpose: $20.00 New Chapter Fee

Amount of Check: $

Date Payment Due: Upon Receipt of Invoice

Caption