

## **AFFILIATION WITH KY HOSA**

### Starting a NEW Chapter

To obtain your State Charter and become affiliated with International HOSA and Kentucky HOSA, your local Chapter must submit the following 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 [Sample Letter of Intent](#) please email to Susan Readnow, State Advisor
  2. A copy of Chapter By-Laws [Sample By Laws](#) please email to Susan Readnow, State Advisor
  3. The Charter fee of \$20.00. Checks should be made payable to KY HOSA.(school or advisor check) mail to Susan Readnow KY HOSA State Advisor 300 Sower Blvd., 5th Floor SW Frankfort, KY 40601 (invoice pg 2)
  - \* 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](http://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: [Sample Program of Work](#)
  - \* 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 notification 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](http://www.kyhosa.org)

National HOSA Website: [www.hosa.org](http://www.hosa.org)



**KY HOSA STATE TREASURY INVOICE FOR PAYMENT**

**KYHOSA invoice #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

Make Check Payable To: KY HOSA

Remittance Address: 300 Sower Blvd., 5<sup>th</sup> Floor SW  
Frankfort KY 40601

Purpose: \$20.00 New Chapter Fee

Amount of Check: \$ \_\_\_\_\_

Date Payment Due: Upon Receipt of Invoice