Instruction Sheet

AFFILIATION WITH KY HOSA

Establishing a NEW Chapter

To obtain your State Charter and become affiliated with International HOSA and Kentucky HOSA the Local Advisor should begin by contacting the State Advisor. The **Advisor of the local Chapter** must submit the following items via the on line form http://bit.ly/3UmglE0

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 and Chapter Advisor Sample Letter of Intent

2. A copy of Chapter By-Laws Sample By Laws

3. The Charter fee of $20.00. Checks should be made payable to KY HOSA.(school check, certified check or money order payment by Advisor . No personal checks) mail to Susan Readnower 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 . 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 state and international HOSA activities.

KY HOSA Website: www.kyhosa.org

National HOSA Website: www.hosa.org

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