

**VIRGINIA ASSOCIATION
HEALTH OCCUPATIONS STUDENTS OF AMERICA**



APPLICATION FOR LOCAL HOSA CHARTER

NAME of SCHOOL: _____

ADDRESS: _____

CITY/COUNTY : _____ **ZIPCODE:** _____

TELEPHONE NUMBER: _____

ADVISOR: _____ **EMAIL:** _____

NAME OF CHAPTER: _____

Health Occupations Program(s): _____

Number of Members: _____ (Include list of names, minimum of five)

Bylaws and Program of Work must be included with application.

Charter fee: \$5.00. Make check payable to VA HOSA.

A Certificate of Charter is requested for the above indicated local HOSA chapter.

Advisor _____

Date: _____

Principal: _____