



**APPLICATION FOR CHARTER
AUTHORIZING LOCAL HOSA CHAPTER**

Date: _____

Local Chapter Address:

Bobbi Eichhorst
NM HOSA State Association
P.O. Box 1651
Sandia Park, NM 87047

_____.

We, the undersigned, affirm that the HOSA members of _____ have organized for the purpose of applying for membership in the _____ HOSA. We have adopted bylaws, elected the necessary officers, and have identified membership according to the bylaws.

In the name of the HOSA and for the students who plan to pursue a health care career, we hereby make application for a charter in the _____ HOSA Future Health Professionals New Mexico Association.

President

Secretary

Local Advisor

School Administrator