



## GCU AZHOSA Membership Form

Please complete the form below in its entirety. All information is confidential. Official membership in HOSA will not be processed until you submit a \$40 fee to the student worker in the front office of the College of Health Sciences (located in the Tell Science Building next to the computer lab). Cash only please.

**Student ID:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address Street 1:** \_\_\_\_\_

**Address Street 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**GCU Email:** \_\_\_\_\_

**Personal Email:** \_\_\_\_\_

**Class Standing (Freshman, etc.):** \_\_\_\_\_

**Major:** \_\_\_\_\_