

At-Large/Virtual Membership Letter of Intent

Date _____

Name and address

Mr. Brock Rops
 South Dakota HOSA State Director
 4801 N. Career Ave
 Sioux Falls, SD 57107

Dear Mr. Rops:

We, the undersigned, affirm that **(Name of member)** has shown promise and interest in pursuing a career in the health science pathway for the purpose of applying for membership in the South Dakota HOSA.

In the name of the HOSA: Future Health Professionals and for the students who plan to pursue a healthcare career, we hereby support **(Name of member)** to be an at-large member of South Dakota HOSA.

We recognize that dues of \$20 will be paid as an affiliation fee annually as well as all the benefits of becoming a SD HOSA dues paying member (ie: conferences, awards, scholarships, experiences).

We, the undersigned, also recognize opportunities HOSA presents at the annual SD HOSA State Leadership Conference every spring. We aim to encourage **(Name of member)** to attend the conference and compete in at least one event. We also understand that we will be responsible for chaperoning **(Name of member)** to the two-day conference.

Please fill out boxes for affiliation purposes:

Name	Gender	Grade	Email	Ethnicity

Signed,

 Student Name

 Legal Guardian

 School Administrator