

# MEMBERSHIP APPLICATION

This information is collected so that NTHS can provide better services for members and business and industry. Please word process or type clearly in ink and complete all sections. NTHS pledges to protect the confidentiality of this information.



Name \_\_\_\_\_ Student No. \_\_\_\_\_  
*(as you would like it to appear on your membership certificate)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you a \_\_\_ secondary or \_\_\_ postsecondary student? \_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected graduation date \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a \_\_\_ full-time \_\_\_ part-time student?

Cumulative GPA at present school/college: \_\_\_\_\_ Are you currently employed? \_\_\_ Yes \_\_\_ No

Select a specific occupational code and subgroup from the list on the following page (required):

\_\_\_\_\_. \_\_\_\_\_  
occup. code subgroup

I WANT TO BE RECRUITED BY TOP U.S. CORPORATIONS/COLLEGES: \_\_\_ YES \_\_\_ NO

Select any or all of the following organizations to which you belong:

\_\_\_BPA \_\_\_DECA \_\_\_DEX \_\_\_FBLA \_\_\_FCCLA \_\_\_FFA \_\_\_HOSA \_\_\_PBL \_\_\_SkillsUSA \_\_\_TSA \_\_\_Beta Club \_\_\_NHS \_\_\_PTK

## STANDARD OF CONDUCT AND MEMBERSHIP AUTHORIZATION

By completing this form I certify that I have met all membership eligibility requirements. I have made a personal commitment to workforce excellence and pledge to uphold the following NTHS Standards of Conduct.

- Maintain the highest standard of personal and professional conduct at all times;
- Strive for excellence in all aspects of my education and employment;
- Refuse to engage in or condone activities for personal gain at the expense of my fellow students, my school, or my employer.
- Support the purposes of NTHS while working to achieve the objectives and goals of the Society; and
- Uphold my obligations as a citizen of my community and my country.

Signature and date required. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## RELATED OCCUPATIONAL EXPERIENCE

Name/Title of Experience \_\_\_\_\_

Description/Duties \_\_\_\_\_

## FACULTY NOMINATOR

I have asked the following faculty member from my current occupational program (other than a Liberal Arts instructor) who is familiar with my academic efforts to complete the nomination form by the due date. Submit the completed nomination form along with your application.

Faculty Member's Name \_\_\_\_\_ Campus \_\_\_\_\_