

Activity Name: {Activity Name Displays Here}

NTHS Membership Application

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

UPON COMPLETION OF YOUR APPLICATION, PLEASE PRINT YOUR APPLICATION AND BRING TO MRS. WILBANKS.

First Name

Middle Name

Last Name

Address

City

State

Zip Code

Email Address (You must enter a valid and unique email address in order to receive access to all of the services that NTHS provides to its members.)

Are you a secondary or post-secondary student?

- Secondary
- Post-Secondary

Gender

- Male
- Female

Expected Graduation Date

Are you a full-time or part-time student?

- Full-Time
- Part-Time
- Virtual

Cumulative GPA at present school/college:

Are you currently employed?

- Yes
- No

I WANT TO BE RECRUITED BY TOP U.S. COPORATIONS/COLLEGES:

- YES
- NO

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

- BPA
- DECA
- DEX
- FBLA
- FCCLA
- HOSA
- PBL
- SkillsUSA
- TSA
- Beta Club
- NHS
- PTK

STANDARDS OF CONDUCT & 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

Enter Full Name:

Date Signed: 8/21/2020



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