



2018-2019 APPLICATION FORM

Required: Online application, application form, and résumé. CTE teachers must sign off on application form.

First: _____ M.I. _____ Last _____

Email: _____

Program CABAM CWMP Journalism Theater

Expected Graduation Date (mo/yr) _____ Absences: _____ Tardies: _____

Cumulative GPA: _____ Cumulative CTE GPA: _____

CTE Teacher Name (print) _____

CTE Teacher Signature _____ Date: _____

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

FBLA HOSA NHS Tri M

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 and date required:

_____ DATE _____

Unless otherwise instructed, return this completed NTHS Membership application form to your NTHS advisor by 10/10/2018. Payment will be due upon admission to NTHS. Membership Please choose your membership level:

- Regular membership: \$35
Regular membership + medallion: \$53
Regular membership + cords: \$50
Regular membership + sash: \$55