

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

First: _____ Middle: _____ Last: _____ Suffix: _____

Please provide your **full name** below as you would like it to read on your **official NTHS Membership Certificate**:

Address: _____

City: _____ State: _____ ZIP: _____ Telephone: (_____) _____

Permanent E-mail address: _____

What's your "hometown" for press release/newspaper purposes: _____

Were you a member of the *National Vocational Technical Honor Society* or the *National Technical Honor Society* in high school? () YES () NO

If you answered YES, please provide your high school name and year of graduation: _____

Was your high school membership under the same name as you listed above? () YES () NO

If your high school membership was under a different name, please provide: _____

Are you a () secondary or (X) post-secondary student? () Male () Female

Expected graduation SEMESTER and YEAR: _____ / _____ Are you a () full-time or () part-time student?

Cumulative GPA at MTC/school: _____ Are you currently employed? () YES () NO

What is your major at MTC? _____

Select an occupational code and subgroup from the list
on back of application that best reflects your college/career goal (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 **CURRENTLY** belong:

() BPA () DECA () DEX () FBLA () FCCLA () FFA () HOSA () PBL () Skills USA () TSA () Beta Club () NHS () PTK

MEMBERSHIP AUTHORIZATION – FOR APPLICANTS

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 NTHS Standards of Conduct.

Signature and date required SIGNATURE _____ DATE _____

MTC Chapter Advisor - Airport Campus, P.O. Box 2408, Columbia, SC 29202

Melissa Price, Advisor – Airport/Saluda Building 150 (803) 822-7080 or pricem@midlandstech.edu

Jim Cain, Faculty Advisor – Airport/Granby Building 110A (803) 822-3415 or cainj@midlandstech.edu

Complete and return this NTHS Membership Application form to the CHAPTER ADVISOR listed above by January 29, 2010 along with a personal check or money order made out to Midlands Technical College in the amount of \$25.00. DO NOT STAPLE. Completed application packets can be hand-delivered or mailed. Upon receipt of your completed application packet, an advisor will contact you regarding membership status. Membership privileges will be subject to suspension for returned checks, and a \$25.00 fee will be applied.

NTHS Advisor signature _____ Date: _____