

Membership Application



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.

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

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 our members.)

Cell Phone (For remind 101) _____

Are you a secondary or post-secondary student? Male Female

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 back of this application (required):

_____/_____
occup. code subgroup

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 Skills USA 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 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 _____

Unless otherwise instructed, return this completed NTHS Membership Application form to your NTHS Advisor by

_____/_____/_____ along with a money order (no personal checks to NTHS please) made payable to NTHS in the amount of \$30.00 (US) DO NOT STAPLE.

Advisor Signature _____ Date _____

NTHS is committed to the elimination of discrimination based upon age, gender, race, class, economic status, ethnic background physical ability, and religious or cultural considerations.

National Technical Honor Society

Name _____

Home School _____

Program and School _____

Member Standards of Conduct:

As a member of the National Technical Honor Society, I pledge to:

- 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 intents and purposes of the 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.

Submitted the following:

____ Application

____ Official Transcript GPA of 3.0 or greater

____ CTE program GPA 3.3

____ Membership and Participation in a CTSO

____ Community Service list

____ Essay (500 words maximum) on Why/How Membership to the NTHS will benefit you in the future.

____ 2 recommendations (1 from the CTE instructor and 1 personal) *form provided*.

____ I have read the above Member Conduct code and attached the above information.

Signature of student:

Date:

Fee of \$30 in **a money order form or CASH AFTER selected for the NTHS**

*****Questions contact, Dawn Damron (damrond@wbsdweb) or Eric Clark (clarkeb@huron.k12.mi.us).

CANDIDATE INSTRUCTOR NOMINATION

CONFIDENTIAL

These forms are optional and for school use only.

PLEASE DO NOT RETURN TO NTHS

Student _____ Date Submitted _____

Class Year _____ Department _____ Instructor _____

Please complete the following information for each nominee.

1. Is this student seriously interested in pursuing a career in his/her field of study?

2. Student's rank in class _____ of _____ students. Grade Average _____

3. What are the student's goals following graduation? _____

4. Previous work experience _____

What type, how long? _____

5. Please check appropriate box

- | | | |
|---|------------------------------|-----------------------------|
| a. Follow instructions | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Attends class regularly | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Safety conscious | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Exhibits good teamwork skills | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. Takes pride in work | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| f. Is dependable, responsible, honest | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| g. Exhibits positive attitude | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| h. Exhibits leadership & good citizenship | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| i. Shows initiative | <input type="checkbox"/> yes | <input type="checkbox"/> no |

6. I recommend this student as a member of NTHS with:

no reservations

few reservations

some reservations

Please explain _____

7. List other accomplishments of candidate _____

NOTE FOR INSTRUCTOR:

Submit this completed form for each student nominated to the administration by _____.
This is confidential information not to be shared with others (teachers or students).

FOR OFFICE USE ONLY:

Recommended

Not Recommended

Need more information

Date _____ By _____

**THIS IS AN OPTIONAL FORM AND FOR YOUR SCHOOL'S USE ONLY
DO NOT RETURN TO NTHS**

