



# NATIONAL TECHNICAL HONOR SOCIETY

## 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.

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ OneTech Email Address: \_\_\_\_\_

Male  Female Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cumulative GPA at present college: \_\_\_\_\_

Are you a  Full-time student  Part-time Student

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

Are you seeking a:  Technical Certificate  Associate of Applied Science  Associate of General Studies  Other \_\_\_\_\_

Select all of the following organizations to which you belong:  Phi Theta Kappa  PBL  SkillsUSA

Do you want to be recruited by Top U.S. Corporations/Colleges:  Yes  No

### 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 country.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed NTHS Membership Application form to Kristie Moore, ATU-Ozark Librarian, by 2/23/2018 along with a **check made out to ATU-Ozark in the amount of \$30.00** (cash is accepted also and you will receive a receipt), unless otherwise instructed. DO NOT STAPLE. Membership privileges will be subject to suspension for returned checks, and a \$25.00 fee will be applied.

*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*

NTHS Advisor Signature: \_\_\_\_\_

Date \_\_\_\_\_

