



Hispanic Association of Colleges & Universities

HACU Member List Order Form

Requestor & Shipping Information:

Organization: _____
 Contact Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

Member Addresses. Member mailing addresses are in Excel format and are sent via e-mail at no shipping cost. E-mail addresses, faxes, and telephone numbers are not included. Orders are processed weekly.

Indicate member type requested:

- National Members (Colleges/Universities in the US & Puerto Rico)
- International Members
- Both National & International Members

Indicate contacts requested:

- President/CEO
- HACU Contact
- Director of Admissions
- Director of Career Services
- Director of Communications (nat. members only)
- Director of Grants & Contracts (nat. members only)
- Director of International Programs
- Title V Director (HSI members only)
- Verifier of Financial Aid
- Director of Government Relations (nat. members only)
- Faculty/Staff Affiliate (individuals from member & nonmember colleges/universities)
- Hispanic-Serving School District Superintendent/CEO

Cost per contact:

- \$30 for any one contact type
- \$90 for any three contact types
- \$150 for all contact types (contacts are included from National Members, Affiliates, and HSSDs)
- \$60 for any two contact types
- \$120 for any four contact types

10% Discount for HACU Members

Total Order Billing Amount

Subtotal \$ _____
 (\$ _____)
 \$ _____

Intended Use of List

State your purpose for this list: _____
 A sample of your mailing is required with your order. Orders must be prepaid and will not be processed without a sample mailing. HACU reserves the right to deny mailing information to an outside party.

One-Time Use Waiver

The HACU member list provided is intended for one-time use **only** for the sole purpose stated above. Lists may not be reproduced or resold in any way. Using this list for subsequent mailings or purposes not stated above without prior written consent from HACU is a violation of this agreement.

Name: _____ Title: _____
 Signature: _____ Date: _____

Method of Payment

Check payable to HACU Credit Card: Visa MasterCard American Express
 Card Number: _____ Expiration Date: _____ CVV: _____
 Name of Cardholder: _____ Signature: _____

Return Member List Order Form. Send your completed order form and a sample of your mailing to:

HACU Membership Department • 8415 Datapoint Drive, Suite 400 • San Antonio, Texas 78229
 Tel: (210) 576-3213 • E-mail: memberinfo@hacu.net • Fax: (210) 692-0823