



Hispanic Association of Colleges & Universities (HACU) 2019 National Membership Application

For new members, please submit to memberinfo@hacu.net

To renew, please visit: http://www.hacu.net/hacu/Renew_Your_Membership.asp Note that all the information provided in this membership application, with the exception of payment information, may be used in HACU publications such as the HACU online Membership Directory and Annual Report. Member Contacts will receive benefit e-notifications throughout the membership year and the contact list may also be shared with outside sources.

I. Institutional Information

Official Name of Institution/System/Campus: _____

2 year, public 2 year, private 4 year, public 4 year, private Professional or Other

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website/URL: _____

Please check the box below to certify that the institution named on Section I of this application meets the following criteria:

Yes, the institution named on this application is classified as a nonprofit tax-exempt institution as determined by the IRS.

II. Student Enrollment for Fall 2018

Membership dues are based on 1) the percentage of Hispanic students at the institution *and* 2) the total student enrollment (*headcount including full-time and part-time students taking "for-credit" courses, whether at the undergraduate or graduate level*). To determine your membership dues level, please refer to the accompanying 2019 Membership Dues Information sheet. **Upon approval, HACU will e-mail the official invoice to the Accounting/Billing Contact listed on this application.**

Undergraduate Enrollment		Graduate Level Enrollment		Total Student Enrollment	
Total Undergrad Students		Total Graduate Students		Total # of Students	
Hispanic Undergrad Students		Hispanic Graduate Students		Total # of Hispanic Students	
% Hispanic Undergrad Students		% Hispanic Graduate Students		Total % Hispanic Students	

III. Institutional Contacts

The President/CEO/Superintendent, the HACU Contact, and the Administrative Assistant will receive exactly the same communications from HACU including e-mail notifications. Please inform us of any personnel or contact information changes so that we may keep your institutional profile up-to-date. The President/CEO/Superintendent contact must be the head of the institution, campus or district/system applying for membership. **If same address as main campus/district, write "same" on address line. *Contact required to process membership.**

<p>*President/Superintendent/CEO/Chancellor: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <p>Name _____ Title _____</p> <p>Department _____</p> <p>Address 1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>	<p>*HACU Contact: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <p>Name _____ Title _____</p> <p>Department _____</p> <p>Address 1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>
<p>*Admin Assistant (to President or HACU Contact): <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <p>Name _____ Title _____</p> <p>Department _____</p> <p>Address 1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>	<p>*Accounting/Billing Contact: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <p>Name _____ Title _____</p> <p>Department _____</p> <p>Address 1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>
<p>Director of Admissions: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <p>Name _____ Title _____</p> <p>Department _____</p> <p>Address 1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>	<p>Director of Career Services: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.</p> <p>Name _____ Title _____</p> <p>Department _____</p> <p>Address 1 _____</p> <p>Address 2 _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>

Director of Communications: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name _____ Title _____ Department _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____ E-mail _____	Director of Government Relations: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name _____ Title _____ Department _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____ E-mail _____
Director of Grants and Contracts: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name _____ Title _____ Department _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____ E-mail _____	Director of International Programs: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name _____ Title _____ Department _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____ E-mail _____
Title V Director (HSIs only): <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name _____ Title _____ Department _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____ E-mail _____	Verifier of Financial Aid: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Name _____ Title _____ Department _____ Address 1 _____ Address 2 _____ City _____ State _____ Zip _____ Phone _____ Fax _____ E-mail _____

IV. Declaration by or on behalf of the President/CEO

As required by HACU’s bylaws, I, as or on behalf of the President/CEO, declare that the institution named in this application authorizes this institutional membership and the institution seeking membership is in agreement with the purposes of the Association and will take appropriate actions to achieve them.

HACU’s mission is to “promote the development of member colleges and universities; improve access to and the quality of postsecondary educational opportunities for Hispanic students; and meet the needs of business, industry and government through the development and sharing of resources, information, and expertise.” For a copy of HACU’s bylaws, please contact HACU at (210) 576-3214 or memberinfo@hacu.net.

Name: Dr. Mr. Ms. _____ Position Title: _____

Phone: _____ Fax: _____ E-mail: _____

Person Completing Form: _____ E-mail: _____ Phone: _____

V. Method of Payment

Upon approval of the membership application, an invoice will be e-mailed to the Accounting/Billing Contact listed on the application. If additional individuals need a copy of the invoice, please forward the invoice to them or contact the Membership Department. If paid by credit card, your card will be charged upon approval. **All payments are net due in 90 days in order to avoid membership cancellation.** Membership year follows the calendar year and runs from January 1 – December 31. **HACU Federal ID# 74-2466103**

Purchase Order # _____ Check (Payable to: “HACU”) **2019 Dues \$** _____

Credit Card: American Express VISA MasterCard Card #: _____

Expiration Date: _____ Security Code: _____ Name on Card: _____

Cardholder Signature: _____ Phone: _____

VI. Questions for NEW Members

How did you learn about HACU? _____

What is your primary reason for joining HACU? _____

What do you expect from your membership? _____

Please submit the Membership Application to:
Hispanic Association of Colleges and Universities (HACU)
Membership Department • 8415 Datapoint Drive, Suite 400 • San Antonio, Texas 78229
Tel: (210) 576-3213 • E-mail: memberinfo@hacu.net