



Hispanic Association of Colleges & Universities (HACU) 2019 Student Organization Affiliate Application

Please note that all the information provided in this affiliation application, with the exception of payment information, may be used in HACU publications such as the HACU Membership Directory. Member Contacts will also be sent regular benefit notifications throughout the year and the contact list may also be shared with outside sources.

I. Student Organization/Association Contact Information

Organization/Association Name: _____

Institution Name (nonprofit college or university): _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____

General Phone: _____ Website/URL: _____

II. Organization Profile

What is the mission/purpose of your organization/association?

How many students are in your organization/association? _____

III. Organization Contacts

HACU will maintain two contacts for each affiliate student organization. The President and HACU Contact will receive information from HACU as part of our affiliation benefits. Please send any contact changes to memberinfo@hacu.net.

President: Dr. Mr. Ms. _____

Title: _____ Department: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

HACU Contact: Dr. Mr. Ms. _____

Title: _____ Department: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

IV. Method of Payment

Invoices will be e-mailed to both the President and HACU Contact upon approval of this application. If paid by credit card, your card will be charged upon approval of the affiliation application. **All payments are net due in 90 days in order to avoid membership cancellation.** Affiliation 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: \$35** _____

Credit Card: AmEx VISA MC Card #: _____

Exp. Date: _____ Security Code: _____ Name on the Card: _____

Cardholder Signature: _____

V. Questions for **NEW** members

How did you learn about HACU? _____

What is your primary reason for joining HACU? _____

What do you expect from your affiliation? _____

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