



## Hispanic Association of Colleges & Universities (HACU) 2023 Educational 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 online 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. Educational Affiliate Contact Information

Educational Affiliate Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 General Phone: \_\_\_\_\_ Website/URL: \_\_\_\_\_

### II. Educational Affiliate Profile

In order to qualify for affiliation under the Educational Affiliate category an organization must be a 501(c) (3) as determined by the Internal Revenue Service (IRS) and not an institution of higher education. ***Please certify that your organization meets these terms and include a copy of your 501(c)(3) IRS Determination letter with this application.***

- Yes, the organization submitting this application is classified as a 501(c)(3) and is not institution of higher education or a school district.

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

Number of people served by your organization: \_\_\_\_\_ Annual Budget: \_\_\_\_\_

### III. Affiliate Contacts

HACU will maintain four contacts for each affiliate institution. The President and HACU Contact will receive information from HACU as part of our affiliation benefits. *If same address as office, write "same" on address line. All contacts required.*

**President:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ City State Zip

**HACU Contact:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ City State Zip

**Admin Assistant:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ City State Zip

**Accounting/Billing Contact:**  Dr.  Mr.  Ms. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ City State Zip

**IV. Signed Declaration by or on behalf of the President**

As required by HACU’s bylaws, I declare that the President/CEO named in this application authorizes this affiliation and that the agency seeking affiliation 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, universities, and school districts
- To improve access to and the quality of post-secondary educational opportunities for Hispanic students
- To meet the needs of business, industry and government through the development and sharing of resources, information, and expertise

HACU aims to promote the development of member and affiliate institutions through organizational capacity building for greater student success and reserves the right to deny or terminate any organization’s affiliation at any time. HACU educational affiliates do not have voting rights in the association. For a copy of HACU’s bylaws, please visit HACU’s website or contact HACU at (210) 576-3214 or [hacu@hacu.net](mailto:hacu@hacu.net).

Name:  Dr.  Mr.  Ms. \_\_\_\_\_ Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**V. Method of Payment**

Upon approval of this application, invoices will be e-mailed to the Accounting/Billing Contact listed. If additional individuals need a copy of the invoice, please forward the invoice e-mail to them or contact the Membership Department. If paid by credit card, your card will be charged upon approval of the affiliation application. **All payments are net due within 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**

Annual Budget	Educational Affiliate Dues
<\$999,999	\$ 700
\$1,000,000 – \$4,999,999	\$ 850
\$5,000,000 – \$9,999,999	\$1,200
>10,000,000	\$1,900

Purchase Order # \_\_\_\_\_  Check (Payable to: “HACU”) 2023 Dues \$ \_\_\_\_\_

Credit Card:  AmEx  VISA  MC 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 affiliation? \_\_\_\_\_

Comments or Feedback: \_\_\_\_\_

*Please submit the Membership Application to:*  
**Hispanic Association of Colleges and Universities (HACU)**  
 Membership Department • 4801 NW Loop 410, Suite 701 • San Antonio, Texas 78229  
 Tel: (210) 576-3213 • E-mail: [memberinfo@hacu.net](mailto:memberinfo@hacu.net)