



Hispanic Association of Colleges & Universities (HACU)

2024 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, apart from payment information, may be used in HACU publications such as the HACU online Membership Directory and Annual Report. The contacts you indicate below will receive notifications about benefits and programming, via email, throughout the year. The contact information may also be shared with outside sources. **Membership year follows the calendar year and runs from January 1 – December 31.**

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 2023

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 courses for credit towards a degree, whether at the undergraduate or graduate level*). To determine your membership dues level, please refer to the 2024 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 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

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; please include PhD, EdD, etc., as appropriate.** If same address as main campus/district, write "same" on address line. ***Contact required to process membership.**

*President/Superintendent/CEO/Chancellor: <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 _____	*HACU Contact: <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 _____
*Admin Assistant (to President or HACU Contact): <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 _____	*Accounting/Billing Contact: <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 _____
Dean of Students: <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 Career Services: <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 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 Diversity, Equity, and Inclusion: <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 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 _____	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 _____
Director of STEM: <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 _____

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") **2024 Dues \$** _____

Credit Card: ☐ American Express ☐ VISA ☐ MasterCard **Card #:** _____

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

Cardholder Signature: _____ **Phone:** _____

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