

## Hispanic Association of Colleges & Universities (HACU) 2024 Student 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.

Membership year follows the calendar year and runs from January 1 – December 31.

1. Student Contact Information	n		
Name:		Major:	
Nonprofit Institution/Campus:		Graduation Date:	
Address:		Address 2:	
City:		State:	Zip:
Phone:	E-mail:		
Areas of Interest: List your 3 princip	oal areas of interest (e.	g., advocacy, int	ernships, scholarships, etc.)
1	2		3
will not be processed or approved up  Year 2024 dues for Student Affiliate  ☐ Undergraduate Students:  ☐ Graduate Students:	e (Please choose one l \$25 \$30	evel) <b>:</b>	
Card #:			
Cardholder Signature:			Phone:
III. Questions for <i>NEW</i> student	affiliate members		
How did you learn about HACU?			
What is your primary reason for joining	ng HACU?		
What do you expect from your affiliat	ion?		
Comments or Feedback			