



Hispanic Association of Colleges & Universities (HACU) 2025 Educational Affiliate Application

Please note that all the information provided in this affiliation application, except for payment information, may be used in HACU publications. Member Contacts will be sent regular benefit notifications throughout the year and the contact list may be shared with outside sources. **Membership year follows the calendar year and runs from January 1 – December 31.**

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 an 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. Mx. _____

Title: _____ Department: _____

Address: _____

Phone: _____ E-mail: _____ City State Zip

HACU Contact: Dr. Mr. Ms. Mx. _____

Title: _____ Department: _____

Address: _____

Phone: _____ E-mail: _____ City State Zip

Admin Assistant: Dr. Mr. Ms. Mx. _____

Title: _____ Department: _____

Address: _____

Phone: _____ E-mail: _____ City State Zip

Accounting/Billing Contact: Dr. Mr. Ms. Mx. _____

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) 692-3805 or hacu@hacu.net.

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

Phone: _____ E-mail: _____

Signature: _____ Date: _____

HACU benefits are exclusive to HACU members, including access to the HACU Membership Portal. By submitting this application, the individuals named acknowledge that they will not share their login information with any other person or entity. Webinars available in the membership portal may only be shared with officers and personnel of the named organization and may not be redistributed to anyone outside of the organization.

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. If paid by credit card, your card will be charged upon approval of the affiliation application. **All payments are net due within 90 days to avoid membership cancellation. HACU Federal ID# 74-2466103**

| Annual Budget | Educational Affiliate Dues |
|---------------------------|----------------------------|
| <\$999,999 | \$ 721 |
| \$1,000,000 – \$4,999,999 | \$ 875 |
| \$5,000,000 – \$9,999,999 | \$1,261 |
| >10,000,000 | \$1,957 |

Purchase Order # _____ Check (Payable to: "HACU") 2025 Dues \$ _____

Credit Card: VISA MC 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