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

Please note that the information provided in this membership application, except for payment information, may be used in HACU publications. Faculty and Staff Affiliates will also be sent regular benefit notifications throughout the membership year and the contact list may also be shared with outside sources.

HACU membership benefits are exclusively for the individual listed on this application, including access to the HACU Membership Portal. By submitting this application, the individual acknowledges that they will not share their login information with any other person or entity. ***Memberships are not transferrable. Membership year follows the calendar year and runs from January 1 to December 31.***

I.   Individual Information

Name: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mx. _____

Title: _____   Department: _____

Institution/Campus: _____

Address: _____   Address 2: _____

City: _____   State: _____   Zip: _____

Phone: _____   E-mail: _____

II.   Method of Payment

An invoice will be e-mailed to you upon approval of your Faculty & Staff Affiliate Application. If additional individuals need a copy of the invoice, please forward the HACU invoice to them. If paid by credit card, your card will be charged upon approval of the membership application. **All payments are net due within 90 days to avoid membership cancellation.** For a complete listing of HACU-member institutions, please visit www.hacu.net or contact HACU's Membership Department by e-mail at memberinfo@hacu.net or by phone at (210) 576-3213. **HACU Federal ID# 74-2466103**

Year 2025 dues for Faculty & Staff Affiliate *(Please choose one level)***:**
- ☐ Year 2024 dues for faculty and staff at **HACU-member institutions**:....................$195.00
- ☐ Year 2024 dues for faculty and staff at **non-member institutions**:........................$250.00

☐ Purchase Order # _____   ☐ Check (*Payable to: "HACU"*)

Credit Card: ☐ VISA ☐ MC   Card #: _____

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

Cardholder Signature: _____

III.   Questions for *NEW* Faculty and Staff Affiliates

How did you learn about HACU? _____

What is your primary reason for joining HACU? _____

What do you expect from your membership? _____

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