

Hispanic Association of Colleges & Universities (HACU) 2025 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.

I. Student Contact Informat	ion		
Name:Nonprofit Institution/Campus:			
City:		State:	Zip:
Phone:	E-mail:		
Areas of Interest: List your 3 prin	cipal areas of interest (e.	.g., advocacy, into	ernships, scholarships, etc.)
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will not be processed or approved Year 2025 dues for Student Affilia ☐ Undergraduate Students: ☐ Graduate Students: ☐ Check (Payable to: "HACU") Exercise 1	ate (Please choose one l \$25 \$30	evel):	
Card #:			
Cardholder Signature:			Phone:
III. Questions for <i>NEW</i> studen	nt affiliate members		
How did you learn about HACU? _			
What is your primary reason for join	ning HACU?		
What do you expect from your affile	iation?		
Comments or Feedback			