



## Hispanic Association of Colleges & Universities (HACU) 2025 Student Organization 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. Student Organization/Association Contact Information

Organization/Association Name: \_\_\_\_\_

Institution Name (*nonprofit college or university*): \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

General Phone: \_\_\_\_\_ Website/URL: \_\_\_\_\_

### II. Organization Profile

What is the mission/purpose of your organization/association?

\_\_\_\_\_

How many students are in your organization/association? \_\_\_\_\_

### III. Organization Contacts

HACU will maintain two contacts for each affiliate student organization. The President and HACU Contact will receive information from HACU as part of our affiliation benefits. Please send any contact changes to [memberinfo@hacu.net](mailto:memberinfo@hacu.net).

**President:**  Dr.  Mr.  Ms.  Mx. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**HACU Contact:**  Dr.  Mr.  Ms.  Mx. \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### IV. Method of Payment

Invoices will be e-mailed to both the President and HACU Contact upon approval of this application. If paid by credit card, your card will be charged upon approval of the affiliation application. **All payments are net due in 90 days in order to avoid membership cancellation. HACU Federal ID# 74-2466103**

Purchase Order # \_\_\_\_\_  Check (*Payable to: "HACU"*) **2025 Dues: \$75**

Credit Card:  VISA  MC Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Name on the Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

*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](mailto:memberinfo@hacu.net)