

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

Please note that the information provided in this membership application, except for payment information, may be used in HACU publications. Trustee 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: \Box Dr. \Box Mr. \Box Ms. \Box Mx.		
Address:	Address 2:	
City:		Zip:
Phone:		
Title (Trustee/Regent/Board Member):		
Institution/Campus/District:		
Trustee Appointee Type: Elected Political Ap Volunteer Other (Pleas	pointee se Describe):	
Company/Institution of Employment:	npany/Institution	from this Company/Institution
Areas of Interest: List your 3 principal	areas of interest (e.g. advocacy, gov	overnance, Latino student best practices, etc.)
1	2	3
paid by credit card, your card will be cl within 90 days in order to avoid mem	harged upon approval of the member bership cancellation. For any ques	pproval of your Trustee Affiliate Application. If pership application. All payments are net due stions or additional information, please contact phone at (210) 576-3213. HACU Federal ID #
		\$500.00
Purchase Order #	□ Check (<i>Payable to: "H</i>	HACU")
Credit Card: 🗆 VISA 🗆 MC Car	rd #:	
Exp. Date: Security C	Code: Name on the C	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