

HBSA

Hispanic Business Student Association
Anderson School of Management
The University of New Mexico

Membership Application

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE NUMBER: _____ MESSAGE PHONE: _____

DEGREE/MAJOR: _____ EXPECTED GRADUATION DATE: _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, FULL- OR PART-TIME? F P

WHY DO YOU WANT TO JOIN HBSA AND WHAT ARE YOUR EXPECTATIONS OF MEMBERSHIP? (OPTIONAL)

WOULD YOU LIKE TO BE AUTOMATICALLY ADDED TO THE HBSA EMAIL LISTSERV? YES NO

SIGNATURE: _____ DATE: _____