

Hispanic Business Student Association
Application for Membership
Campus Activities Box # 304

Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ (Home, Work, Mobile, Other) _____

Alternate Phone Number: _____ (Home, Work, Mobile, Other) _____

E-Mail Address (please print neatly): _____

Employer: _____ Hours you work per week: _____

Major: _____ Minor: _____ Expected Graduation Date: _____

GPA (required): _____ Classification (ex. freshman, Junior) _____

Have you interned before? _____ If yes, where: _____

Are you in any other student organizations: _____ If yes, which: _____

Are you in any other programs (PPA, PES, etc): _____ If yes, which: _____

PeopleSoft ID : _____

Member Signature: _____ Date: _____

| | |
|--------------------------------|--------------------------------|
| Dues: | |
| Name: _____ | Phone Number: _____ |
| Amount Paid: \$ _____ | Received by: _____ Date: _____ |
| Balance Left: \$ _____ | Received by: _____ Date: _____ |
| Chief Financial Officer: _____ | Date: _____ |

**Hispanic Business Student Association
Application for Membership
Campus Activities Box # 304**

Returning Members Only:

How many semesters have you been in HBSA? _____

Have you gotten an internship through HBSA? _____

If yes, with who and when: _____

Before joining HBSA, how many hours per week did you study? _____

After joining HBSA, how many hours per week do you study? _____

Before joining HBSA, what was your GPA? _____

After joining HBSA, what is your GPA? _____

Have you attended a NHBA conference? _____

What changes do you want to see in HBSA? _____

When did you join HBSA? _____

Why did you join HBSA? _____

