



Affiliate Organization Questionnaire

The **Hispanic National Bar Association** (HNBA) welcomes you as an Affiliate Organization.

Please answer the following questions about your Organization for our files:

1. Affiliate Name: _____
2. Affiliate Acronym: _____
3. Affiliate's Direct Mailing Address (if applicable)
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Email: _____
4. Current President: _____
5. Current President Contact Information
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Email: _____
6. President Elect (if applicable): _____
7. President Elect Contact Information
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Email: _____
8. Length of Presidential Term (start & finish): _____
9. Date/Period of Board change: _____
10. Length of Board Term: _____
11. Affiliate Voting Representative (*Voting Reps will be the only individual allowed to participate and vote in Board meetings, Elections, and will be the liaison to the HNBA, and VP of Regions and Affiliates*): _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____
 Email: _____
12. Is it your bar's practice to offer dual membership for your bar and the HNBA by way of one inclusive fee? Yes No

Affiliate Representative Signature: _____ Date: _____

Payment Method

- Check VISA MasterCard AMEX Discover

Credit Card #:	Exp:	Security ID#:
Signature/Initials:		

Please return this form and payment of **\$250.00** to the HNBA at:
 1900 L Street NW, Suite 700, Washington, DC 20036 or via e-mail: info@hnba.com

