



Affiliate Organization Questionnaire

The **Hispanic National Bar Association** (HNBA) is proud to welcome you as an Affiliate Organization through the year 2012.

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

Please return this form and a check for **\$250.00** to **Sarah Ramirez** at:
1900 L Street NW, Suite 700, Washington, DC 20036

Affiliate Representative Signature: _____ Date: _____

Received at HNBA by: _____ Date: _____
Payment Received On: _____ Via: Check or Credit Card Initial: _____