



HBBSA

Hispanic Business Student Association

California State University, Fresno

Member Application

Name: _____

Address: _____

Phone Number (cell/home): _____

Email: _____

Gender (please circle): Male Female

High School: _____

Major: _____

Dual Major/Minor: _____

Expected Graduation Date: _____

How did you hear about HBBSA? _____

What do you expect from the organization? _____
