



HCA de SA

Hispanic Contractors Association

2391 NE Loop 410 Ste. 206 | San Antonio | TX 78217

Tel: (210) 444-1100 | Fax: (210) 444-1101

www.hcadesa.org

HCA BOARD of DIRECTORS APPLICATION

Name: _____ Date: _____

Title: _____

Business Name: _____

Business Address, City, Zip: _____

Office Phone Number: _____ Cell: _____

Email: _____

Sole Proprietorship Partnership Corporation, Type: _____

1. How many years have you been in business? _____

2. What is your current membership status? _____

3. How long have you been a member? _____

4. How many HCA meetings have you attended the past (2) years? _____

5. Are you presently a board member of another association? YES NO

If yes, which association and what is your title? _____

6. What are your strengths and how will you use these strengths to benefit the association? _____
