



2023-2024 Associate Institutional Member Add New Representative

To add a representative to your institutional membership, please provide the following information to NACUA. Please return the completed form to membership@nacua.org. **Note:** Representatives beyond the allotted number of attorneys for your institution will be billed an additional fee of \$745 for NACUA membership

Prefix _____ First _____ MI _____ Last _____

Position Title _____

Institution _____

Firm (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

State(s) and year admitted to practice _____

Are you a licensed attorney in good standing? Yes No

Do you have any previous experience in the practice of higher education law? Yes No

If yes, please indicate the date that you began your higher education law practice. _____

(Please enter in MM/DD/YYYY format. If you do not know, please indicate the year only.)

Optional Demographics

Gender Female Genderqueer Male Nonbinary Date of Birth _____

Ethnicity American Indian/Native American Asian/Pacific Islander Black/African American
 Hispanic/Latino Multiracial White

Primary Representative Affirmation (required)

As the Primary Representative of the Associate Institution listed above, I approve the addition of the new attorney representative to our NACUA membership, and affirm on their behalf, the following statements:

1. They are regularly engaged to handle the legal affairs of the institution listed above on this application.
2. They do not represent claimants against any Member Institutions or represent parties concerning interests adverse to any Member Institutions (unless such claimants are other Member Institutions)
3. They understand that they have a continuing duty to disclose to NACUA any deviation from the membership criteria set out in the Bylaws and/or Membership Policy Statements of the Association that now exist or may arise during their membership.
4. They understand that any misrepresentation of the above statements may result in their disqualification and/or the termination of their membership.

Primary Representative Name (Print/Type) _____

Primary Representative Signature _____ Date _____

National Association of College and University Attorneys

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