



2024-2025 Membership Cancel Representative Form

To cancel a representative from your institutional membership, please provide the following information to NACUA.

Representative Name (Print) _____

Title _____

Institution _____

Reason for Cancellation:

- No longer with the institution
- Retired
- Other (please specify) _____

Primary Representative Approval (required)

As the Primary Representative of the institution listed above, I approve the cancellation of the attorney representative from our NACUA membership, and affirm that they are no longer regularly engaged to handle the institution's legal affairs, in accordance with Article III, Section 2 of the Bylaws of the Association.

Primary Representative Name (Print/Type) _____

Primary Representative Signature _____ Date _____

Please return the completed form to membership@nacua.org.

National Association of College and University Attorneys

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