



2024-2025 Associate Institutional Member Add New Primary Representative

To assign a new Primary Representative to your institutional membership, please provide the following information to NACUA. Please return the completed form to membership@nacua.org.

Prefix _____ First _____ MI _____ Last _____

Position Title _____

Institution _____

Firm (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

State(s) admitted to practice, year, and bar # _____

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 _____

Race/Ethnicity Asian/Pacific Islander Black/African/Caribbean Hispanic/Latina/Latino Indigenous/North American Indian

Middle Eastern/North African Multiracial/Multiethnic South Asian White/Caucasian Something Else/Not Listed

Primary Representative Affirmation (required)

As the Primary Representative of the institution listed above, I acknowledge that the addition or deletion of additional attorney representatives to this membership is my responsibility. I affirm the following statements:

1. I am regularly engaged to handle the legal affairs of the institution listed above on this application.
2. I do not represent claimants against any Member Institution or represent parties concerning interests adverse to any Member Institutions (unless such claimants are other Member Institutions)
3. I understand that I 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 my membership.
4. I understand that any misrepresentation of the above statements may result in my disqualification and/or the termination of my membership.

Primary Representative Name (Print/Type) _____

Primary Representative Signature _____ Date _____

National Association of College and University Attorneys

One Dupont Circle, Suite 620, Washington, DC 20036 | 202.833.8390 | www.nacua.org | membership@nacua.org