

2023-2024 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.

Pref	ix	First		MI	_ Last
Position Title					
Institution					
Firm (if applicable)					
Address					
					Zip Code
State(s) and year admitted to practice					
Are you a licensed attorney in good standing? O Yes O No					
Do you have any previous experience in the practice of higher education law? O Yes O 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 O Female O Genderqueer O Male O Nonbinary Date of Birth					
Ethr	nicity	_	n/Native American O Multiracial C		ific Islander O Black/African American
Primary Representative Affirmation (required)					
addi 1. 1 2. 1 3. 1 4. 1	itional attori I am regula I do not repadverse to I understar set out in tiduring my I understar the termin	rney representatives arly engaged to hand oresent claimants agany Member Institued that I have a conthe Bylaws and/or Membership. Indeed that any misrepresention of my membership.	to this membership dle the legal affairs of gainst any Member I tions (unless such of inuing duty to disclored embership Policy States esentation of the above eship.	of the organizations in the organization or reclaimants are of the ose to NACUA tatements of the overstatements	owledge that the addition or deletion of ability. I affirm the following statements: tion listed above on this application. Expresent parties concerning interests ther Member Institutions) any deviation from the membership criteria are Association that now exist or may arise a may result in my disqualification and/or
Primary Representative Signature Date					