



2025-2026 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 Acknowledgement (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

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