

## Dues Information

Dues for US Institutional Members are calculated based on enrollment and current fund expenditure levels as reported by your institution to the 2023 U.S. Department of Education in the Integrated Postsecondary Education Data System Enrollment and Finance Survey. Please refer the [Dues Matrix](#) to determine the amount owed for your institutional membership. This dues structure is also used to determine the number of additional attorney representatives allotted your institution. For any representatives beyond this allotted number, an additional \$250 is assessed.

## Please Note

- ☐ Institutions joining between March 1 and May 31 will be charged half-year dues based on the regular full year amount.
- ☐ Outside counsel who are applying to serve as an institutional primary representative of an eligible non-member institution **must include a letter of endorsement** from that institution's President or a supervising administrator from that institution.
- ☐ Please return the completed form to [membership@nacua.org](mailto:membership@nacua.org).

## Institution Information

Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Degree Offered: ☐ 2 Year ☐ 4 Year Institution Type: ☐ Public ☐ Private

*Note: Proprietary (for-profit) institutions are not eligible for membership.*

Institution Accrediting Body \_\_\_\_\_

Names and number of campuses (if applicable) \_\_\_\_\_

## Primary Representative Information

Prefix \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Position Title \_\_\_\_\_

Firm (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Optional Demographics for Primary Representative

**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

## National Association of College and University Attorneys

One Dupont Circle, Suite 620, Washington, DC 20036 | 202.833.8390 | [www.nacua.org](http://www.nacua.org) | [membership@nacua.org](mailto:membership@nacua.org)

**Primary Representative Information (Continued)**

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.)*

Do you currently represent any other institutions of higher education as counsel, whether in-house or as outside counsel?

☐ Yes ☐ No

If yes, please list all higher education entities for which you serve as counsel and to what extent you handle their legal work (attach sheet if needed)

How did you learn about NACUA? ☐ Internet Search ☐ Email ☐ NACUA Website ☐ NACUA Meeting  
☐ NACUA Publication ☐ Colleague \_\_\_\_\_  
☐ Other \_\_\_\_\_

**Affirmation Statement (required)**

I affirm, on behalf of the organization I represent, that it meets the eligibility requirements as stated in the Bylaws and Membership Policy Statement of NACUA. As the primary representative for this institution, I acknowledge that the addition or deletion of additional attorney representatives to this membership is my responsibility. I also 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 \_\_\_\_\_