



# 2025-2026 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](mailto: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](http://www.nacua.org) | [membership@nacua.org](mailto:membership@nacua.org)