



# 2025-2026 Associate Institutional Member Add New Representative

To add a 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). **Note:** Representatives beyond the allotted number of attorneys for your institution will be billed an additional fee of \$770 for NACUA membership

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 Associate Institution listed above, I approve the addition of the new attorney representative to our NACUA membership, and affirm on their behalf, the following statements:

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

Primary Representative Name (Print/Type) \_\_\_\_\_

Primary Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

## National Association of College and University Attorneys

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