

2024-2025 Application

Please Note

- O Institutions joining between March 1 and May 31 will be charged half-year dues based on the regular full year amount.
- International institutional dues are \$920 annually and are entitled to a Primary Representative plus two additional representatives. Adding any additional representative will incur an additional cost of \$250 per attorney.
- Please return the completed form to membership@nacua.org.

Institution Information							
Institution							
City	State/Province	Country _					
	umber of campuses (if applicable)						
•	ed: O 2 Year O 4 Year Institution (for-profit) institutions are not eligible for membership.	• •					
Is the institution	on accredited? O Yes O No						
Institution Acc	crediting Body						
Does the insti	tution have legal authority to award degrees	(or equivalent)? O Yes O 1	No				
Is the institution	on in good standing with its respective quali	ty assurance agency? O Yes	O No				
Primary R	Representative Information						
Prefix	_ First	MI Last					
Position Title							
Firm (if applica	able)						
Address							
City		State	_ Zip Code				
Phone	E-mail						
Optional D	Demographics for Primary Repr	esentative					
Gender	O Female O Genderqueer O Male O Nonbinary	Date of Birth					
Race/Ethnicity	y ○ Asian/Pacific Islander ○ Black/African/Caribbea	an O Hispanic/Latina/Latino O Indige	nous/North American Indian				

O Middle Eastern/North African O Multiracial/Multiethnic O South Asian O White/Caucasian O Something Else/Not Listed



Primary Representative Information (Continued)

Sta	ate(s)/Countires admitted to pract	ice, year, and bar	· #				
Are	e you a licensed attorney in good st	anding? O Yes	O No				
Do you have any previous experience in the practice of higher education law? O Yes O No							
•	res, please indicate the date that yo	• , •	· ·				
_	you currently represent any other i Yes O No	nstitutions of higl	her education as counsel, whethe	r in-house or outside?			
•	res, please list all higher education eir legal work (attach sheet if neede		you serve as counsel and to wha	t extent you handle			
Ho	w did you learn about NACUA?	O NACUA Pu	earch O Email O NACUA Woodlight of the contraction of Colleague				
l at Me	ffirmation Statement (reaffirm, on behalf of the organization embership Policy Statement of NAC dition or deletion of additional attolowing statements:	I represent, that it CUA. As the prima	ry representative for this institution	on, I acknowledge that the			
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.						
Pri	mary Representative Name (Print,	/Type)					
Pri	mary Representative Signature			Date			