



# American Association of University Administrators

MAIL THIS FORM WITH PAYMENT TO:

American Association of University Administrators

Post Office Box 630101 • Little Neck, NY 11363

Or, if paying by credit card return via or Fax to 718-225-0565

## INSTITUTIONAL/GROUP MEMBERSHIP FORM

INSTITUTION/GROUP	
PRIMARY CONTACT PERSON (NAME AND TITLE)	
MAILING ADDRESS	
MEMBERSHIP CATEGORY (CHECK ONE)	<input type="checkbox"/> 1-6 Members (Dues: \$500) <input type="checkbox"/> 7-15 Members (Dues: \$1,000) <input type="checkbox"/> 16-24 Members (Dues: \$1,500) <input type="checkbox"/> 25 or more (no limit) Members (Dues: \$2,000)

Annual membership dues run through the association's fiscal year (August 1 - July 31).

**Make Checks Payable to: AMERICAN ASSOCIATION OF UNIVERSITY ADMINISTRATORS**

AAUA Taxpayer Identification Number (TIN): 23-7310674

*See further instructions on the reverse side.*

# IMPORTANT—

Attach a list of the institutionally/group supported members showing:

(1) Complete Name ■ (2) Job Title ■ (3) Email Address

Please note: All mailings will be directed to the address shown on the front side of this form. If any institutionally/group supported member does not receive his/her mail at that address, please provide mailing address information as well.

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## CREDIT CARD CHARGE FORM

For your convenience, dues may be paid using Master Card or Visa.

Name on Card	
Amount to be Charged	
Credit Card Type	_____ Master Card      _____ Visa
Card Number	
Card Expiration Date	
Signature	

*<http://www.aaua.org>*