



AMERICAN ASSOCIATION OF UNIVERSITY ADMINISTRATORS

Post Office Box 29 ▪ Stoughton, Massachusetts 02072 ▪ USA
phone: 781-752-7878 ▪ fax: 781-562-1810

www.aaua.org

INSTITUTIONAL MEMBERSHIP FORM

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

IMPORTANT: See additional instructions on the next page side.

IMPORTANT

You must attach a list of the institutionally 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 supported member does not receive his/her mail at that address, please provide mailing address information as well.

CREDIT CARD CHARGE FORM

For your convenience, dues may be paid using American Express, Master Card, or Visa. This form and the Membership Application Form may be mailed, faxed, or transmitted via e-mail.

Mailing Address: American Association of University Administrators;
P.O. Box 29; Stoughton, Massachusetts 02072 (USA).

Fax: 781-562-1810 ■ E-Mail: dking@mail-aaau.org

Name on Card	
Billing Address for Credit Card (only used to determine card validity)	
Amount to be Charged	
Credit Card Type	_____ American Express _____ Master Card _____ Visa
Card Number	
Security Number	
Card Expiration Date	
Signature	