

**MEMBERSHIP FORM (For the Year Ending August 31, \_\_\_\_)**

Note: The AAUA membership year runs from September 1<sup>st</sup> through August 31<sup>st</sup>. Any new membership initiated after March 1<sup>st</sup> shall be effective immediately and will continue in good standing until August of the following year (i.e. New member joins in April 2015, membership is good until August 15, 2016).

Type of Membership (check one):	<input type="checkbox"/> Individual – Active Member (\$100) <input type="checkbox"/> Individual – Emeritus/Retired Member (\$55) <input type="checkbox"/> Individual – Student Member (\$35) <input type="checkbox"/> Institutional – Unlimited Number of <u>Student</u> Members (\$350) <input type="checkbox"/> Institutional – 1 - 6 Active Members (\$500) <input type="checkbox"/> Institutional – 7 - 15 Active Members (\$1,000) <input type="checkbox"/> Institutional – 16 - 24 Active Members (\$1,500) <input type="checkbox"/> Institutional – 25 or more Active Members (no limit) (\$2,000)
Membership Status (check one):	<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal of Current Membership <input type="checkbox"/> Renewal of Lapsed Former Membership
If this is an <b><i>Individual membership</i></b> – Provide complete information in box to the right, <u>or simply attach a business card</u> .	Member’s full name; job title and institution; preferred mailing address, exactly as it should appear; email address; telephone number; and fax number.
If this is an <b><i>Institutional Membership</i></b> – Please follow instructions to the right carefully and respond fully.	On an attached sheet, provide (1) Name, address, and email of designated contact person; <b>and</b> (2) the following information for each sponsored member (repeat information for contact person, if he/she is a sponsored member): (a) full name; (b) job title and institution; (c) preferred mailing address, exactly as it should appear; (d) email address; (e) telephone number; and (f) fax number.

**Dues remittance payable to “American Association of University Administrators” (or “AAUA”) must accompany this form. If paying by credit card, please provide the following information:**

Name on Card:	
Billing Address for Card:	
Amount to be Charged:	Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Card Number:	Three-digit Security Number:
Card Expiration Date:	>>> Signature >>>

**Return this form to the AAUA office (postal address, fax, and email address shown at the top of this page).**