

**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 2019, membership is good until August 15, 2020).

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; email address; and postal mailing address.
If this is an <b><i>Institutional Membership</i></b> – Please follow instructions to the right carefully and respond fully.	<u>On an attached sheet</u> , provide the following information for each sponsored member: full name; job title and institution; email address; and postal mailing address.

**RETURN THIS FORM TO THE AAUA OFFICE (POSTAL ADDRESS, FAX, AND EMAIL ADDRESS SHOWN AT THE TOP OF THIS PAGE).**

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 (Number & Street, and ZIP Code Only):	
Amount to be Charged:	Credit Card Type: <input type="checkbox"/> AmEx <input type="checkbox"/> M/C <input type="checkbox"/> Visa
Card Number:	CVV Number:
Card Expiration Date:	Signature >>>