



AHUA ASSOCIATE MEMBERSHIP FORM

(Please complete all sections)

PLEASE CONFIRM (TICK BOX) THAT YOU MEET CRITERIA 1 AND 2; ALSO ONE OR BOTH OF CRITERIA 3 AND 4:

1.	My institution has its own degree awarding powers	<input type="checkbox"/>
2.	I report to the Vice Chancellor or have a dotted line report to the Chair of Council (or equivalent)	<input type="checkbox"/>
3.	I am responsible for the majority of professional services functions (eg Directors of HR, Finance, Estates, Legal, Student Services etc report to me)	<input type="checkbox"/>
4.	I act as Secretary to the Council (or equivalent)	<input type="checkbox"/>

CONTACT INFORMATION

Title		Surname	
First name			
Institution			
Job Title			
Date Appointed			
Department			
Address			
City and Postcode			
Country			
Telephone (with country code)			
Mobile			
Email			
Twitter Handle			
Linedlin Name			

AREAS OF INTEREST / SPECIALIST KNOWLEDGE

Please specify the areas in which you have a particular interest: eg Finance, Governance, Student Services

1	
2	
3	

Cont'd over

REPRESENTATION ON OTHER GROUPS

Please indicate if you sit on any other HE related groups (eg Steering Groups, Working Groups or Boards)

	Organisation	Name of group	Position	Term End Date
1				
2				
3				

Please tell us how you found out about AHUA and what prompted you to join

PAYMENT DETAILS

- Annual AHUA Membership subscription runs from August to August at a cost of £1,490.00.
- Institutions joining at other times during the year will be charged on a pro rata basis.

PAYMENT SHOULD BE MADE BY BANK TRANSFER	Purchase Order Number for Invoice:
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Please state invoice address if different to above.

Data Protection

The information you provide will not be disclosed, sold or rented to any third party. The email address you provide is the address that will be used for contacting you directly regarding your AHUA membership or other AHUA business.

Please tick the options below as appropriate:

I give my consent to my information being held on paper and electronically. This includes the Member's only area of the website which is used to inform members about AHUA activities. I consent to information being held after leaving the Association for statistical purposes only.
My email communication preferences (via MailChimp) are:

AHUA monthly e-newsletter, and resource round up of latest news/information available on the AHUA's website

AHUA member events (eg regional group meetings, AHUA conferences, online events)

Cont'd over

Signed by the member		Date	
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PERSONAL / EXECUTIVE ASSISTANTS

It is helpful for the AHUA to have a note of the name and contact details of AHUA members' PAs or EAs. If your PA / EA is willing for us to hold their information, please ask them to complete the section below:

Assistant / Secretary			
Title		Surname	
First name(s)			
Job Title			
Telephone (with country code)			
Email			

I give my consent to my information being held in paper and electronically by the AHUA and understand that I can contact the AHUA at any time to ask for this to be removed.

Signed by the PA/EA		Date	
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Please return to

Tracey Murray
 Association of Heads of University Administration (AHUA)
 Sackville Street Building, Sackville Street
 Manchester M60 1QD
 UK
 Tel: 0161 275 8060
 Email: tracey.murray@ahua.ac.uk

Office Use	
Check JT / Coaching	
Access / Movements	
Email / Website / MC	
Activation pending	
Sage / Inv	
Welcome TM / CW	
Chair/AF	

Updated 11/2021