Η A

AHUA MEMBERSHIP FORM

| (Please complete all sections) | | | | | |
|--------------------------------|--|--|---------|--|--|
| | ASE CONFIRM (T OR BOTH OF CR | ICK BOX) THAT YOU MEET CRITERIA 1 AND EITHER 2a or 2b; ALS RITERIA 3 AND 4: | 0 | | |
| 1 | My institution is based in the UK or Republic of Ireland and has | | | | |
| | degree awarding powers of those countries; | | | | |
| | My institution is outside the UK or Republic of Ireland and has degree awarding powers | | | | |
| 2a. | I report to the Vi (or equivalent) | ice Chancellor, or have a dotted line report to the Chair of Council | | | |
| 2b. | | ice Chancellor, or have a dotted line report to the Chair of Council or report to another senior staff member i.e. Registrar (or equivalen | □ t) | | |
| 3. | services functio | e for the majority(relating to 2a) / or some(relating to 2b) of professi ons HR, Finance, Estates, Legal, Student Services etc report to me) | onal | | |
| 4. | I act as Secretar | ry to the Council (or equivalent) | | | |
| CON | ITACT INFORM | ATION | | | |
| Title | | Surname | | | |
| First | name | | | | |
| | ution | | | | |
| Job 1 | | | | | |
| | Appointed | | | | |
| Depa | rtment | | | | |
| Address | | | | | |
| | | | | | |
| City | | | | | |
| Cour | itry | | | | |
| Postcode | | | | | |
| Telephone | | | | | |
| Mobile | | | | | |
| Email | | | | | |
| Twitter Handle | | | | | |
| Linke | edIn Name | | | | |
| | | Cont'o | dover | | |

AREAS OF INTEREST / SPECIALIST KNOWLEDGE

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

| 1 | |
|---|--|
| 2 | |
| - | |
| 3 | |
| | |

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 | | | | |

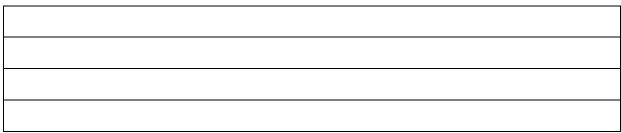
Please tell us how you found out about AHUA and what prompted you to join

PAYMENT DETAILS

- Annual AHUA Membership subscription is institutional and runs from August to August at a cost of £1535.00 (VAT Exempt).
- Institutions joining at other times during the year will be charged on a pro rata basis.
- Please indicate (✓) preferred type of payment

| PAYMENT BY BANK TRANSFER | Purchase Order Number for Invoice: |
|--------------------------|------------------------------------|
|--------------------------|------------------------------------|

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)

| Signed | Date | |
|--------|------|--|
| by the | | |
| member | | |

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:

| Assistar | nt / Secretary | | | | |
|---------------|----------------|---------|--|--|--|
| Title | | Surname | | | |
| First name(s) | | | | | |
| Job Title | | | | | |
| Telephone | | | | | |
| 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 | Da | Date | |
|---------------------------|----|------|--|
| by the | | | |
| PA/EA | | | |

Please return to:

Tracey Murray Association of Heads of University Administration (AHUA) Email: <u>tracey.murray@ahua.ac.uk</u>

| Office Use | | | | | |
|----------------------|----|--|--|--|--|
| Check JT | [] | | | | |
| Access / Movements | [] | | | | |
| Email / Website / MC | [] | | | | |
| Sage / Inv | [] | | | | |
| Welcome TM / BV | [] | | | | |
| RC | [] | | | | |
| | | | | | |

Updated 04/2025