

AHUA MEMBERSHIP FORM

(Please complete all sections)

	ASE CONFIRM (T ERIA 3 AND 4:	ICK BOX	THAT YOU	J ME	ET CRITERIA 1 AND 2; ALSO ONE OR BO	TH OF	
1.	My institution is based in the UK or Republic of Ireland and has degree awarding powers of those countries						
2.	I report to the Vice Chancellor, or have a dotted line report to the Chair of Council (or equivalent)						
3.	I am responsible for the majority of professional services functions (eg Directors of HR, Finance, Estates, Legal, Student Services etc report to me)						
4.	I act as Secretary to the Council (or equivalent)						
CONTACT INFORMATION							
	TIACT INFORM	ATION					
Title			Surname				
First	name		1				
Institution							
Job T	litle little						
Date	Appointed						
Is this your first COO/Registrar/Secretary role in the HE sector? (If so, various AHUA development opportunities may be open to you).							
	rtment						
Address							
City							
Postcode							
Telephone							
Mobile							
Emai	I						
Twitter Handle							
LinkedIn Name							
					Cont	'd over	

AREAS OF INTEREST / SPECIALIST KNOWLEDGE						
Please specify the areas in which you have a particular interest: eg Finance, Governance, Student Services						
1						
2						
3						
REP	RESENTATION O	N OTHER GROUPS				
Plea: Boar		on any other HE related group	s (eg Stee	ering Groups, Wor	king Groups or	
	Organisation	Name of group		Position	Term End Date	
1						
2						
3						
Plaa	se tell us how you for	und out about AHUA and wha	t prompte	d you to join	l	
1 100	oc tell do now you lot	and out about 71 1071 and wha	t prompto	a you to join		
PAYMENT DETAILS						
 Annual AHUA Membership subscription runs from August to August at a cost of £1,450.00. 						
	 Institutions joining at other times during the year will be charged on a pro rata basis. 					
•	 Please indicate (✓) preferred type of payment 					
· /· · · · · · · · · · · · · · · · · ·						
TO PAY BY CHEQUE						
(cheques to be made payable to the Association of Heads of University Administration)						
TO PAY 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 option	s below as approp	riate:			
Membe		the website, both wh			onically, including in the after leaving the Association	
My em	ail communicatio	on preferences (via N	MailChimp) are:			
AHUA'	s website		rce round up of latest		nformation available on the	
Signed by the memb				Date		
EAs. In below:					of AHUA members' PAs or k them to complete the section	1
	ant / Secretary					
Title		Surname				
First na	ame(s)					
Job Tit	le					
Teleph	one					
Email						
unders	tand that I can co	-	ing held in paper and any time to ask for thi	s to be	nically by the AHUA and removed.	1
Signed by the PA/EA				Date		
Please return to				Office Use Check JT / Coaching		
				Chican of Academing		

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Updated 10/2021

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