

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, or have a dotted line report to, the Vice Chancellor or 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			

AREAS OF INTEREST / SPECIALIST KNOWLEDGE

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

1	
2	
3	

Continued 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 £1,450.00.
- 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:

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 in paper and electronically for the purpose of keeping a record of my membership of the AHUA, both while I am a member and also after leaving the Association (the latter for statistical purposes only), and to provide me with information about the AHUA's activities and events.

Continued over

☐ I give the AHUA permission to show my email address, job title and institution name in the password protected Members' Directory on the AHUA website.

☐ I do not give the AHUA permission to show my email address, job title and institution name in the password protected Members' Directory on the AHUA website.

My email communication preferences are:

☐ AHUA monthly e-newsletter and resource round up

☐ AHUA activities and events

☐ Update from our Sponsors

☐ I give my consent for my email address to be stored in MailChimp for the purposes of distributing the above.

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
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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	