

## **AHUA ASSOCIATE MEMBERSHIP FORM**

(Please complete all sections)

	ASE CONFIRM (T FERIA 3 AND 4:	СК ВОХ) ТН	AT YOU	J MEET CRITERIA 1 AND 2; ALSO ONE OR BO	TH OF					
1.	My institution has its own degree awarding powers									
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)										
CON	NTACT INFORM	ATION								
Title		Sur	rname							
First	name	I	I							
	tution									
Job '										
	Appointed									
Depa	rtment									
	and Postcode									
Country										
coun	ohone (with try code)									
Mobi										
Email										
	er Handle									
	dlin Name									
ARE	AS OF INTERES	ST / SPECIA	LIST K	KNOWLEDGE						
Plea Serv		s in which you	u have a	a particular interest: eg Finance, Governance, Stud	dent					
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 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. Purchase Order Number for Invoice: PAYMENT SHOULD BE MADE BY BANK TRANSFER 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: L I give my consent to my information being held on paper and electronically, including in the Member's only area of the website, both while I am a member and also after leaving the Association (the latter 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 by the member					Date			
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	Secretary		Surname					
			Juinanie					
First name(s)								
Job Title								
Telephone country co								
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.								

Date

## Please return to

Signed

by the PA/EA

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

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