

# Membership Application

Institution/Company Name: \_\_\_\_\_

Designated Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**Please check the appropriate category**

- Institutional Membership *(check one)*

**Number of Full-Time**

**Employees**

**Dues**

- |   |       |
|---|-------|
| <input type="checkbox"/> Less than 1,000  | \$375 |
| <input type="checkbox"/> 1,001 to 5,000   | \$475 |
| <input type="checkbox"/> 5,001 to 10,000  | \$525 |
| <input type="checkbox"/> 10,001 and above | \$575 |

- Individual Membership – \$150  
*Individual membership is a restricted category and must be approved by the membership chair.*

I heard about ACUA from:

- ACUA brochure
- ACUA website
- A Colleague Name \_\_\_\_\_
- Other \_\_\_\_\_

**Please answer the following questions:**

How many full-time professional positions do you have on your audit staff, including CAE? *(Do not include Administrative positions or student workers in this number.)* \_\_\_\_\_

How many audit levels are there in your organization? *(CAE, Manager, Seniors, Staff, etc.)*

- 1
- 2
- 3
- 4 or more

What is your total departmental budget including personnel and other costs?

- < \$100,000
- \$100,000 - \$300,000
- \$300,000 - \$500,000
- \$500,000 - \$700,000
- > \$700,000

Does your audit organization have distinct IT audit positions?

- Yes  No

Does your audit organization have distinct medical audit positions?

- Yes  No

Are all staff members required to be certified?

- All staff
- Staff above a certain level
- Top level only
- No certification requirements for any level

What certifications does your staff currently possess? *(Check all that apply)*

- CPA
- CFE
- CMA
- CIA
- CISA
- CGFM
- Other  
Please Specify \_\_\_\_\_

Do you perform an annual risk assessment?

- Yes  No

What is your department's direct reporting line?

- Board
- CEO
- CFO
- Other  
Please Specify \_\_\_\_\_

How often do you meet with the Audit Committee of the Board?

- Never/NA
- Annually
- Semi-annually
- Three times per year
- Quarterly
- More than 4 times annually

Do you co-source or outsource any internal audit work?

- Yes  No

If you co-source or outsource internal audit work, specify the applicable areas. *(Check all that apply)*

- Construction
- Contracts
- Information technology
- Asset inventory
- Financial
- Audits
- Other  
Please Specify \_\_\_\_\_
- None

Do you assist external auditors in any of the following engagements? *(Check all that apply)*

- Institutional financial statements
- OMB Circular A-133
- Foundation
- NCAA compliance
- NCAA required financial review
- Financial statement of division or units of the institution
- Other  
Please Specify \_\_\_\_\_

Does your office handle the compliance function for the institution?

- Yes  No

Does your office utilize audit software?

- No
- Audit Leverage
- Team Mate
- ACL
- IDEA
- Other  
Please Specify \_\_\_\_\_

Does your audit organization participate in fraud or other investigations?

- Yes  No

Does your campus utilize an external hotline administrator?

- No  
 EthicsPoint  
 Report it  
 Global Compliance  
 Systems  
 The Network  
 MySafeCampus™  
 Other

Please Specify \_\_\_\_\_

Does the department or CAE belong to any of these organizations? (Check all that apply)

- ACFE  
 AHIA  
 AICPA  
 IIA  
 ISACA  
 SCCE  
 Other

Please Specify \_\_\_\_\_

Is your organization:

- Public  
 Private  
 Other

Please Specify \_\_\_\_\_

My institution is:

- Not a component of a system  
 A university system  
 Component of system  
 Other

Please Specify \_\_\_\_\_

My system is:

- A university system  
 Community college  
 Statewide university system  
 Non-statewide university  
 Other

Please Specify \_\_\_\_\_

Student enrollment at your institution?

- < 2,500  
 2,501 - 10,000  
 10,001 - 20,000  
 20,001 - 30,000  
 30,001 - 50,000  
 > 50,000

Number of full-time faculty/staff:

- Less than 1,000  
 1,001 - 5,000  
 5,001 - 10,000  
 10,001 and above

What is the institution's approximate annual operating budget?

- < \$10 million  
 \$10 - \$50 million  
 \$50 - \$100 million  
 \$100 - \$500 million  
 > \$500 million

The institution has: (Check all that apply)

- Law  
 Medical  
 Health System Foundation  
 International campuses  
 Compliance office  
 Policies office  
 Other professional health sciences

Does your institution have an ERP System?

- None  
 Oracle  
 SAP  
 SCT Banner  
 PeopleSoft  
 Other

Please Specify \_\_\_\_\_

What is the primary NCAA division the institution participates in?

- N/A  
 Division I  
 Division II  
 Division III

As a member of the Association of College and University Auditors, you agree to fulfill all requirements stipulated in the bylaws of the Association.

Membership dues are payable in U.S. dollars and must accompany the application. Dues cover the period January 1 through December 31 of the year the application and payment are submitted.

Check # \_\_\_\_\_

Credit card

- VISA  MasterCard  American Express  Discover

Card Number \_\_\_\_\_

Expiration Date (mm/yy) \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature / Date \_\_\_\_\_

Please note that ACUA processes all new members on a weekly basis. Once your application has been approved and processed, you will be sent an email with information about the ACUA listserv and access to the Members-Only section of our website.

If you have any questions, please contact the ACUA Executive Office.

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