

Membership Application

Institution/Company Name: _____

Designated Representative: _____ Title: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Website Address: _____

Please check the appropriate category

- Institutional Membership: Number of members covered by your institution (check one)
- | | | | |
|------------------------------|-------|--------------------------------|---------|
| <input type="checkbox"/> 1 | \$175 | <input type="checkbox"/> 10-12 | \$1,100 |
| <input type="checkbox"/> 2-3 | \$350 | <input type="checkbox"/> 13-15 | \$1,400 |
| <input type="checkbox"/> 4-6 | \$550 | <input type="checkbox"/> 16-20 | \$1,800 |
| <input type="checkbox"/> 7-9 | \$800 | <input type="checkbox"/> 21+ | \$2,000 |

Dues are pro-rated after January 30 - please visit www.acua.org for the rate schedule.

- Individual Membership – \$175
Individual membership is a restricted category and must be approved by the membership chair.

Demographic questions were formulated to gather information from educational institutions and may not apply to individual members. Demographic information collected will be available for use by ACUA members for comparison purposes.

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?

- < \$250,000
 \$250,001 - \$500,000
 \$500,001 - \$1,000,000
 \$1,000,001 - \$1,500,000
 \$1,500,001 - \$2,000,000
 > \$2,000,000

Does your audit organization have distinct IT audit positions, and if so, how many?

- No 1 2 3 or more

Does your audit organization have distinct medical audit positions, and if so, how many?

- No 1 2 3 or more

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 CIA CISA CFE
 CGAP CGFM CMA
 Other
Please Specify _____

Do you perform an annual risk assessment?

- Yes No

What is your department's functional reporting line?

- Board CEO CFO
 Other
Please Specify _____

What is your department's administrative 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
 Financial statement of division or units of the institution
 OMB Circular A-133
 Foundation
 NCAA compliance
 NCAA required financial review
 Construction
 Information Technology
 Other
Please Specify _____

Does your office utilize audit management software?

- No
 Accelus (formerly AutoAudit) by Thompson Reuters
 Team Mate by Wolters Kluwer Financial Services
 ACL GRC by ACL Services Ltd.
 Pentana by Ideagen
 Working Papers by Caseware
 Other
Please Specify _____

