

**Application to join AUDE - International**

|  |  |
| --- | --- |
| Institution | |
| Name |  |
| Website |  |
| Institution’s annual income |  |
| Link to Financial Statements |  |
| Awards foundation, teaching or research degrees? |  |
| Provides 50% or more HE? |  |

|  |  |
| --- | --- |
| Primary Contact | |
| Name of Estates Director or individual with highest level responsibility for Estates |  |
| Job Title |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| Other colleagues who wish to join | | |
| Name | Email | Job Title |
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**I understand that international membership of AUDE entitles the institution to the following benefits:**

* Access to the exclusive discussion board for Estates Directors.
* For all other staff, access to all areas of the AUDE website, including the full membership database, newsletters, professional resources and subject specific discussion boards.
* Access to all AUDE events (some of which carry a further attendance fee).
* The opportunity to work in consultation with special interest groups to advance estates issues in Higher Education.

**I agree that all staff at my institution will use all information obtained from the AUDE website thoughtfully and will not use membership information inappropriately. I am aware that use is monitored.**

**I agree that by joining AUDE, my institution will pay the following subscription, which will change annually by agreement at AGM.**

The subscription year runs from 1st August to 31st July. If joining after 1st January, 50% subscription will be due. Subscription fees are tiered based on turnover of institution:

|  |  |  |  |
| --- | --- | --- | --- |
| **Min turnover (£'000)** | **Max turnover (£'000)** | **Band** | **Fee to be paid (ex VAT)** |
| 695,000 | 100,000,000 | 6 | 2,127 |
| 395,000 | 695,000 | 5 | 1,913 |
| 295,000 | 395,000 | 4 | 1,448 |
| 195,000 | 295,000 | 3 | 1,020 |
| 95,000 | 195,000 | 2 | 852 |
| - | 95,000 | 1 | 638 |

Please supply the invoice address and any Purchase Order number that may be required.

Signed …………………………………………………………………………………………….. Date ……………………………………

Authorised on behalf of your institution