

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 March 31 - 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 _____

Does your office utilize computer aided audit tools for data analysis? *(Check all that apply)*

- ☐ No
☐ Excel/Access
☐ Excel/Access add-in
Please Specify Vendor _____
☐ ACL
☐ IDEA by Caseware
☐ Arbutus Analyzer – Arbutus Software
☐ Other
Please Specify _____

Does your audit organization include responsibility for any of the following functions? *(Check all that apply)*

- ☐ Compliance Function
☐ Enterprise Risk Management
☐ Ethics
☐ Other
Please Specify _____

Does your audit organization participate in fraud or other investigations?

- ☐ Yes ☐ No

Does your campus utilize an external hotline administrator?

- ☐ No
☐ NavexGlobal
☐ Report it
☐ The Network
☐ MySafeCampus™
☐ Other
Please Specify _____

If your institution does not utilize an external hotline administrator, is there an internal hotline? If so, who administers the internal hotline?

- ☐ No
☐ Yes, by General Counsel
☐ Yes, by Internal Audit
☐ Yes, by Compliance Office
☐ Other
Please Specify _____

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

- ☐ ACFE ☐ AHIA ☐ AICPA
☐ IIA ☐ ISACA ☐ SCCE
☐ URMIA
☐ Other
Please Specify _____

Is your organization:

- ☐ Public ☐ Private ☐ For Profit
☐ Other
Please Specify _____

My institution is:

- ☐ Not a component of a system
☐ A component of system
☐ A university system
☐ Other
Please Specify _____

If part of a system, my institution is:

- ☐ A university system
☐ Community college
☐ Statewide university system
☐ Non-statewide university
☐ Other
Please Specify _____

My institution's Carnegie Classification is:

- ☐ Associate College
☐ Baccalaureate College
☐ Master's College/University
☐ Doctorate-granting University
☐ Doctoral/Research University
☐ Research University (RU/H) — high research activity
☐ Research University (RU/VH) — very high research activity
☐ Other
Please Specify _____

My institution has: *(Check all that apply)*

- ☐ Medical school
☐ Hospitals/clinical trial programs
☐ Other professional health sciences
☐ Law school
☐ International campuses
☐ Internal Audit
☐ ERM program
☐ Central compliance office
☐ Policies office
☐ Ethics office

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 - 20,000
☐ 20,001 and above

What is the institution's approximate annual operating budget?

- ☐ < \$250 million
☐ \$250 - \$500 million
☐ \$500 million - \$1 billion
☐ \$1 - \$3 billion
☐ \$3 - \$5 billion
☐ > \$5 billion

Does your institution have an ERP System?

- ☐ None
☐ Oracle/PeopleSoft
☐ SAP
☐ Banner/Ellucian
☐ 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 # _____

Purchase Order # _____

Date _____

**Please make checks payable to ACUA (in U.S. currency via a U.S. bank) to:
ACUA
P.O. Box 723248
Atlanta, GA 31139**

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 ACUA's private online networking community 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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