

Hardship Dues Waiver/Reduction Request Form

According to AILA's bylaws, "The Executive Committee may act on a recommendation by the Secretary of the Association to waive the annual national membership dues of any person who has been a member of the Association for at least 3 years, based on emergent or humanitarian considerations; to be eligible for such a waiver, the member must provide such documentation as the Executive Committee may prescribe. Waivers may be issued in increments of one year, and include a waiver of the chapter membership requirement for the duration of the waiver."

Please answer the following questions to help us determine whether you qualify for a dues waiver or dues reduction. To ensure a smoother review process, be as thorough as possible with your explanations and documentation. Use additional sheets as necessary.

Name:	AILA Member Number:	AILA member since:
Phone number:	Email address:	
Other professional/legal/bar associations currently an active member of:		

1. Waiver requested for: (Check all that apply.)

Medical Hardship Economic Hardship Other Emergent or Humanitarian Need (Explain)

2. Have you requested a waiver before? YES NO -If yes, when?

3. Approximately how long have you been in this situation?

4. Please provide a detailed description of your current situation that requires you to request this waiver.

5. Please check which corroborated evidence you are providing. This evidence is required. (Hardships may not be mutually exclusive. Please provide all documentation to consider if requesting a combination (ie. medical and economic) hardship waiver.)

Medical Hardship:

- Letter from treating physician (on Doctor's letterhead) stating diagnosis and prognosis of medical condition
- Other supporting documentation relevant to the medical condition and its impact on being able to practice law

Economic Hardship:

- Tax transcript for most recent year
- Copy of latest checking account statement (personal and, if self-employed, business)
- Income and expense worksheet (AILA may request corroboration)

Other Emergent or Humanitarian Need:

- Letter of corroboration
- Other supporting documentation

6. Explain how your practice will be affected if you cannot retain your AILA membership.

7. Why should you be granted a dues reduction or dues waiver?

I wish to appeal to AILA to grant a membership dues waiver or dues reduction so that I may retain AILA membership.

Member Signature	Date:
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Return completed form to:
Jennifer English Lynch, CAE,
Director of Membership
at [**jlynch@aila.org**](mailto:jlynch@aila.org)



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