

# AILA Membership International Associate Requirements

## To Apply

Please detach and complete the attached application.

## International Associate Eligibility

Persons residing and practicing outside the United States who are otherwise ineligible\* for membership in the association may apply for International Associate status under such rules as may be prescribed by the Board of Governors. International Associates shall pay such dues as may be established from time to time by the Board of Governors. They shall have such privileges and benefits and be subject to such rules and regulations as may be established by the Board of Governors but shall not have: (1) the right to vote, (2) the right to be an officer or member of the Board of Governors of the association or an officer of any chapter thereof, (3) the right to advertise one's self as a member of the association or any chapter thereof, or (4) any right, title, or interest in any of the property of the association.

## Burden of Proof and Admission

Applicants must prove their eligibility to become an International Associate of the association by submitting a certificate of good standing of the attorney licensing body of the country in which they reside and practice. International Associates shall also sign a renewal eligibility attestation each year. Once the AILA National Office receives a completed application and payment, the applicant's eligibility is determined, his/her name will be entered onto a roster of International Associates. The National Office notifies International Associate applicants of acceptance, usually within 30 days of receipt of application. If the application is not approved, dues are fully refunded.

## Dues

All dues rates effective through December 2018:  
International Associates.....\$227.50

Annual dues are billed yearly according to your join date. No International Associate shall be in good standing or be qualified to exercise or be entitled to receive any privilege of International Associate status who is in default in the payment of his/her association dues for two months.

For fastest service, please fax your completed application with credit card payment to (202) 783-7853, or mail your application (with credit card information or a check made payable to AILA) to:

American Immigration Lawyers Association  
P.O. Box 424062  
Washington, DC 20042-4062

**PLEASE NOTE:** For the security of your financial information AILA does NOT accept credit card payments via email.

*\*According to AILA bylaws, eligible individuals include any attorney, who at the time of application, is in good standing with, and for three years immediately preceding application has not been suspended or disbarred by, any court, mandatory bar association, administrative agency, or other disciplinary authority; is licensed to practice law and is a member in good standing of the bar of any state or territory of the United States or the District of Columbia and, if engaged in the practice of law, is so engaged in compliance with the law applicable in every place where the attorney maintains an office for the practice of law.*

## AILA Consumer Protection Affirmation

The American Immigration Lawyers Association supports the ethical and highly competent practice of immigration law. The association neither condones nor supports the splitting of legal fees with unlicensed alleged practitioners of immigration law, which includes the selection and completion of documentation to be filed with any U.S. government entity. As we all know, filing for a benefit or selecting an immigration avenue involves a thorough review of the client's history in order to make any recommendation for action. The association has been made aware of lawyers who are basically lending their license to non-lawyers practicing immigration law when the lawyer does not review or supervise the actions or inactions of said entities or individuals. AILA considers these arrangements to be unethical and a violation of the AILA bylaws, which require that members engaged in the practice of law be so engaged in compliance with the law applicable in the place that they practice.

## About AILA

The American Immigration Lawyers Association (AILA) is the national bar association of more than 14,000 attorneys and law professors who practice and teach immigration law. Founded in 1946, AILA is a nonpartisan, not-for-profit organization that provides continuing legal education, publications and information, professional services, and expertise through its 39 chapters and over 50 national committees. AILA is an affiliated organization of the American Bar Association and is represented in the ABA House of Delegates. For more information about AILA, please visit our website at [www.aila.org](http://www.aila.org).

## Questions?

Contact membership for more information at [membership@aila.org](mailto:membership@aila.org) or (202) 507-7635.

# AILA Membership International Associate Application

## 1. Contact Information:

Name (Mr./Ms.) \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Firm Website \_\_\_\_\_

## 2. Date of Birth:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 3. Please list any languages, other than English, in which you are proficient:

\_\_\_\_\_

## 4. Law School Graduate:

Year \_\_\_\_\_  
School \_\_\_\_\_

## 5. Date of original admission to the Bar:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 6. Presently licensed to practice law and an active member in good standing of the Bars or Law Societies of:

\_\_\_\_\_  
\_\_\_\_\_

## 7. If applicable, what is your bar number?

NOTE : We must have your bar number or your application will be delayed.

## 8. Please describe your practice setting: (Check only one)

- |  |  |
|--|--|
| <input type="checkbox"/> Solo Practitioner                       | <input type="checkbox"/> In-house Corporate Counsel            |
| <input type="checkbox"/> Small law firm (2-24 total attorneys)   | <input type="checkbox"/> Legal services/nonprofit organization |
| <input type="checkbox"/> Medium law firm (25-74 total attorneys) | <input type="checkbox"/> Law school facility/academic field    |
| <input type="checkbox"/> Large law firm (75+ total attorneys)    | <input type="checkbox"/> Other                                 |

## Submit completed application with payment to:

American Immigration Lawyers Association  
ATTN: Membership Department, PO Box 424062, Washington, DC 20042-4062  
or fax to (202) 783-7853

I understand that AILA will collect and store the data provided in this application in order to determine my eligibility for membership in AILA, to enter my name, address and contact information into the membership roster, to publish that information in a membership directory, to provide information on programs and services offered to members by AILA, and for other purposes related to the functions, services and activities of AILA. This data will be shared with my primary AILA chapter, and any AILA chapters I subsequently designate. I may limit dissemination of information by AILA by updating communication preferences in my personal record at <http://www.aila.org/myaila>. I understand that AILA is based in the United States and that the European Commission does not consider United States laws to provide an adequate level of data protection. If I am a resident of a country of the European Union, I understand that my consent is the lawful basis for transfer of my personal data to the United States and that I can withdraw my consent at any time. I also understand that the transfer of my personal data to the United States in the absence of adequate protection and without safeguards deemed appropriate by the European Commission may pose certain risks, including that United States law may not provide for data processing principles, data subject rights, or enforcement of those rights analogous to those in the European Union. For a full description of AILA's data collection and privacy policy, visit <http://www.aila.org/privacy-policy>.

## 9. Eligibility Attestation:

By signing below, I hereby certify that:

- I am not practicing U.S. immigration law, including providing counsel on the application of U.S. immigration laws and preparing immigration related petitions/applications to be filed with U.S. government entities.
- I have not been suspended or disbarred by any court, mandatory bar association, administrative agency, or other disciplinary authority during the past 3 years.
- I am a non-U.S. licensed attorney in good standing with the Court of the country in which I reside and practice law.
- I am engaged in the practice of law and am in compliance with the law applicable in every location where I maintain an office for the practice of law.
- I understand I have the right to advertise myself as an International Associate of the association for marketing or communication purposes, if I use the following disclaimer in at least 10 point font bolded beneath any reference to AILA International Associate status stating the following: "I do not offer or provide legal services and/or counsel concerning or related to the immigration laws of the United States of America."
- I understand that failure to comply with any of the items above shall result in my loss of AILA International Associate status.

## 10. Payment Type:

- Check (please make checks payable to AILA)

Note: all payments must be in U.S. dollars.

If you wish to pay by credit card, please complete the following:

- MasterCard  Visa  American Express  Discover

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

Exp. Date \_\_\_\_\_ CVV Code: \_\_\_\_\_

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

Signature \_\_\_\_\_

**PLEASE NOTE:** For the security of your financial information  
AILA does NOT accept credit card payments via email.

AILA International Associate status is non-transferable.

I hereby apply for International Associate status in the American Immigration Lawyers Association, and if so accepted, I will abide by its bylaws, guidelines, and policies. I have read and understand the American Immigration Lawyers Association International Associate provisions of the bylaws attached hereto, and I agree that the decision of AILA on this application shall be final. I understand that AILA reserves the right to require evidence of any of the statements contained herein, and that any misstatement may be grounds for expulsion or denial of this application. All of the statements contained in this application are true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Source Code: \_\_\_\_\_

For AILA Use Only:  
Member Number Assigned \_\_\_\_\_  
Chapter \_\_\_\_\_

Bar (s) Checked \_\_\_\_\_  
Checked By \_\_\_\_\_  
Date Checked \_\_\_\_\_

Payment Type  Check # \_\_\_\_\_  
 MC  Visa  Amex  Discover  
Amounts Received: National \_\_\_\_\_  
Chapter \_\_\_\_\_