

AILA Membership Requirements

To Apply

Please detach and complete the attached application. Applicants whose principal place of business falls within the geographic jurisdiction of any AILA chapter must join that area chapter and pay both national and chapter dues. Applicants whose principal place of business falls outside a chapter jurisdiction (such as Alaska and Montana) become At-Large members and pay national dues only. Please use the list on this page to determine your proper dues rate. AILA membership is non-transferable.

Membership Eligibility

According to the AILA Bylaws, any attorney, except those employed by the United States government or by the Labor Department, Employment Service, or a like body in any state, territory, or subdivision thereof, is eligible to be a member of this association if such attorney:

- 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 or, on June 14, 2007, was an active approved member of the association and who, thereafter, has maintained membership and eligibility for it under these by-laws without interruption; or
- is employed full-time as a law professor at a law school accredited by the American Bar Association, and who is eligible for full membership in the American Bar Association, but who is not admitted to practice in any state or the District of Columbia.

Burden of Proof and Waiver

Applicants must prove their eligibility to become a member of the association. The Executive Committee may waive membership requirements for certain applicants with the affirmative vote of two-thirds of the Committee Members.

Admission and Election

Once the AILA National Office receives a completed application and payment, the applicant's eligibility is determined, and his/her name will be entered onto a roster of pending members. National Office acceptance normally takes 14 days, and accepted applicants are notified by the National Office. If the application is not accepted, dues are fully refunded. Upon National Office acceptance, applicant information is forwarded to the local chapter, which has 90 days to raise an objection to any applicant. If no objection is raised, after 90 days the applicant will become an approved member of AILA. If the local chapter raises an objection, applicant information will be forwarded to the Executive Committee for further review.

The National Office notifies At-Large applicants of acceptance, usually within 30 days of receipt of the application. If the application is not approved, dues are fully refunded.

Dues

Applicants must include both chapter and national dues with their application, unless one resides abroad or there is no chapter in their jurisdiction. AILA dues are not deductible as charitable contributions for federal income tax purposes, although a portion of dues may be deductible as a business expense. Due to the tax laws, one may not deduct the portion of dues that is used for lobbying activities. Chapter dues payments are not affected by this tax law. Based on our best estimates for 2018, the nondeductible portion of national dues is 2.9%.

Nonprofit Membership

If you are employed by a registered non-profit organization, which provides free or low-cost services to immigrants, and earn less than \$65,000 per year, you may be eligible for a reduced dues rate. For more information and the necessary paperwork, please contact AILA's Membership Department by phone at (202) 507-7635 or via e-mail at membership@aila.org.

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 licenses 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.

Regular National Dues

Members 7+ years	\$455
Members 4-7 years.....	\$405
Members 2-3 years.....	\$335
1st year of Membership	\$320

Dues are determined according to original AILA join date. If your membership has lapsed for more than 5 years, your dues rate will change to date of new application. Any other lapse in membership will not be considered in determining proper membership rate.

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

American Immigration Lawyers Association
PO Box 424062
Washington, DC 20042-4062
fax to (202) 783-7853
or apply online at www.aila.org/join

Regular Chapter Dues

Arizona.....	\$65
Bangkok District—APAC	\$75
<i>Includes countries under jurisdiction of the Bangkok District USCIS Office.</i>	
California	
Northern California.....	\$85
San Diego	\$85
Santa Clara Valley.....	\$75
Southern California.....	\$80
Canada.....	\$50
Carolinas.....	\$75
<i>Includes North Carolina and South Carolina</i>	
Chicago.....	\$95
Colorado.....	\$90
Connecticut.....	\$100
Florida	
Central Florida.....	\$50
South Florida	\$40
Georgia-Alabama	\$60
Hawaii	\$50
Idaho	\$50
Indiana	\$70
Iowa/Nebraska.....	\$50
Latin America/Caribbean	\$75
<i>Includes countries under jurisdiction of the Mexico City District USCIS Office.</i>	
Michigan.....	\$70
Mid-South.....	\$65
<i>Includes Arkansas, Kentucky, Louisiana, Mississippi, and Tennessee</i>	
Minnesota/Dakotas	\$65
Missouri/Kansas	\$60
Nevada.....	\$60
New England.....	\$80
New Jersey.....	\$65
New York	
New York City Area.....	\$90
Upstate New York.....	\$75
Ohio	\$70
Oregon	\$50
Philadelphia.....	\$75
<i>Includes Delaware</i>	
Pittsburgh	\$45
<i>Includes West Virginia</i>	
Puerto Rico	\$25
Rome District-EMEA.....	\$75
<i>Includes countries under jurisdiction of the Rome District USCIS Office.</i>	
Texas	\$75
<i>Includes New Mexico and Oklahoma</i>	
Utah.....	\$50
Washington, DC	\$85
<i>Includes Maryland and Virginia</i>	
Washington State	\$50
Wisconsin.....	\$75

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

AILA Membership Nonprofit Attorney Request Form

Please Note: You must turn in this form WITH your application or renewal form AND a letter from your nonprofit agency.

In support of this request for reduced National dues, I hereby certify that:

- A. Yes, I have attached a letter from my nonprofit agency that certifies that I am an employee. The letter also certifies that my annual salary does not exceed \$65,000.
- B. I am employed by, and my sole source of income as attorney comes from, a registered nonprofit organization, which provides free or low-cost services to immigrants.
- Organization: _____
 Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
- C. My annual salary paid by such agency does not exceed \$65,000
- Signature: _____
 Name (please print): _____
 Date: _____
- D. Dues
- Annual Dues: \$125
 Chapter Dues: \$ _____
 (fill in appropriate chapter dues; applicable rates at right.)
 Total: \$ _____
- Mail form with membership application and letter from your nonprofit agency to:
- American Immigration Lawyers Association
 PO Box 424062
 Washington, DC 20042-4062
- OR: Fax with Membership Application and letter from your nonprofit agency to: (202)783-7853

Nonprofit Chapter Dues

Arizona	\$0 dues waived
Bangkok District—APAC	\$0 dues waived
California	
Northern CA	\$0 dues waived
San Diego	\$85
Santa Clara Valley	\$0 dues waived
Southern CA	\$0 dues waived
Canada	\$50
Carolinas	\$0 dues waived
(Includes NC and SC)	
Chicago	\$0 dues waived
Colorado	\$0 dues waived
Connecticut	\$0 dues waived
Florida	
Central FL	\$0 dues waived
South FL	\$0 dues waived
Georgia-Alabama	\$0 dues waived
Hawaii	\$0 dues waived
Idaho	\$0 dues waived
Indiana	\$0 dues waived
Iowa/Nebraska	\$0 dues waived
Latin America/Caribbean	\$0 dues waived
Michigan	\$0 dues waived
Mid-South	\$0 dues waived
(Includes AR, KY, LA, MS, and TN)	
Minnesota/Dakotas	\$0 dues waived
(Includes ND, SD, MN)	
Missouri/Kansas	\$60
Nevada	\$0 dues waived
New England	\$0 dues waived
(Includes MA, ME, NH, RI, and VT)	
New Jersey	\$0 dues waived
New York	
New York City Area	\$0 dues waived
Upstate NY	\$0 dues waived
Ohio	\$0 dues waived
Oregon	\$0 dues waived
Philadelphia	\$0 dues waived
(Includes DE and Philadelphia area)	
Pittsburgh	\$0 dues waived
(Includes WV and Pittsburgh area)	
Puerto Rico	\$25
Rome District-EMEA	\$0 dues waived
Texas	\$0 dues waived
(Includes NM, OK, and TX)	
Utah	\$50
Washington, DC	\$85
(Includes DC, MD, and VA)	
Washington State	\$0 dues waived
Wisconsin	\$0 dues waived

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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>.

AILA Membership Application

Source Code: _____

1. Contact Information:

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

2. Gender:

Male Female N/A

3. Date of Birth:

Month _____ Day _____ Year _____

4. Are you a member of the American Bar Association?

Yes No

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

6. What are your substantive areas of interest in immigration law?

Asylum Global Migration
 Business Investor
 Consular Practice Litigation
 Deportation Medical
 Employer Sanctions Naturalization
 Family Waivers
 General

7. Law School Graduate:

Year _____
School _____

8. Date of original admission to the Bar:

Month _____ Day _____ Year _____

9. Presently licensed to practice law and an active member in good standing of the Bars of:

10. What is your bar number (if in NY, please give Appellate Division)?

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

11. During the three years immediately preceding the date of this application, have you been suspended or disbarred by any court, bar association, administrative agency, or other disciplinary authority?

Yes No

12. Are you employed by or do you receive any compensation for services rendered to the Government of the United States, the Labor Department, Employment Service, or like body of any state, territory, or subdivision thereof?

Yes No

(If yes, please attach a statement with complete details)

13. Are you engaged in the practice of law, and so engaged in compliance with the law applicable in every place where you maintain an office for the practice of law?

Yes No

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

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

15. Please indicate your race / ethnicity classification: (Optional)

African Indian Subcontinent
 African-American Middle Eastern
 Asian/Pacific Islander Multi-Racial
 Caucasian (non-Hispanic) Native American/Alaskan Native
 Hispanic/Latino Other/No Answer

16. How did you hear about AILA Membership?

Colleague InfoNet
 AILA Literature Former Law Professor
 Another Bar/Professional Association
 Other, Please Specify _____

17. Dues: (Chapter dues must be included to completely process application)

National Dues: _____ Chapter Dues: _____ Total: _____

18. 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 _____

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I hereby apply for Membership in the American Immigration Lawyers Association, and if so elected, I will abide by its bylaws. I have read and understand the membership 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: _____

Submit completed application with payment to: American Immigration Lawyers Association, PO Box 424062, Washington, DC 20042-4062

Fax to (202) 783-7853 or apply online at www.aila.org/join

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 _____