

AILA Membership Law Student Application

Yes! I would like a FREE 1 Year Trial AILALink Subscription. Sign me up!

1. Contact Information: All Fields Must be Completed for Processing.

Mr. Mrs. Ms.

Name _____

Address _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

Phone _____

E-mail _____

Birthdate _____

Law School _____

City _____

State _____

Anticipated Date of Graduation _____

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

Yes No

(If "Yes", please attach a statement with complete details.)

3. AILA Bylaws—Law Student Membership Provisions

Article II, Section 5(c) Law Student Members. Law students who are otherwise ineligible for membership in this association may apply for Law Student Membership under such rules as may be prescribed by the Board of Governors. Law Student Members 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 any chapter thereof, (3) the right to nominate to office, (4) the right to refer to oneself as a member of the association or any chapter thereof and (5) any right, title or interest in any of the property of the association.

4. Proof of Student Status

Please include a copy of your school's official OR unofficial school transcripts. The transcript must demonstrate your full course of study in a law program at an American Bar Association accredited institution.

Applications received without this important documentation can not be processed and will be returned.

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>.

5. Dues

Dues are \$50 for one year, but are prorated as outlined below. Please remit the dues amount that corresponds to the month that you are submitting your application for student membership.

Month Joining Dues Amount

September 1 to October 31 \$50

November 1 to December 31 \$45

January 1 to February 28 \$35

March 1 to April 30 \$25

May 1 to June 30 \$15

July 1 to August 31* \$50

(*for membership through August 31 of the following year)

6. I hereby apply for Law Student Membership in the American Immigration Lawyers Association

If so accepted, I will abide by its bylaws. I have read and understood the law student membership provisions, and I agree that 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 the statements contained in this application are true and correct to the best of my knowledge.

Signature _____

Date _____

7. Payment Information

Please see Dues section above for appropriate amount.

Credit Card Type:

Visa Mastercard AMEX Discover

Card Number: _____

Expiration Date: _____

CVV Code: _____

Signature: _____

8. Send completed application with payment for annual dues to:

American Immigration Lawyers Association

PO Box 424062

Washington, DC 20042-4062

Or send your completed application, proof of student status, and credit card payment via fax to (202) 783-7853.

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

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 _____