



AMERICAN
IMMIGRATION
LAWYERS
ASSOCIATION

Prospective Member Referral

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To: AILA Membership Department
Fax: 202-783-7853
Phone: 202-507-7600
Re: Prospective Member Referral

Sender's Name:
Sender's AILA Member #:
Date:

Did you know you can win great prizes, including a cash grand prize, by participating in the AILA Member-Refer-A-Member program? If you know an attorney that is eligible for membership with AILA, we want to know!

For rules, regulations, and tips for referring and recruiting members, please visit us on our [Member-Refer-a-Member Page!](#)

- Yes! I want to tell a colleague(s) about AILA!** Please send membership information to the individual(s) listed below. I understand that I will receive credit for this referral in the event the individual(s) joins AILA.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Referral 1 Name:		
Law Office:		
Address:		
Suite/Unit #:		
City:	State:	Zip:
Phone:		
E-mail:		

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		
Referral 2 Name:		
Law Office:		
Address:		
Suite/Unit #:		
City:	State:	Zip:
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Use additional sheets as necessary.

- Please check here if you wish to remain anonymous.

Source Code: _____