2013 Preauthorized Payment Plan Enrollment Form

AMERICAN IMMIGRATION LAWYERS ASSOCIATION

AILA National Office
Suite 300
1331 G Street, NW
Washington, DC 20005
Tel: 202.507.7600
Fax: 202.783.7853

www.aila.org

AILA Payment Plan Program is for membership renewals only. New applications are not eligible. If you participated in a prior year's payment plan program, your balance has to be paid in full before you can re-enroll.

Member Number:
Name:
Address:
City, State, Zip:
Telephone:
E-mail (required):

The AILA Annual Payment Plan is available to credit card users only. You must provide a credit card number and CVV code to participate in the plan:

❑ **YES! I want to participate in AILA's quarterly payment plan for my 2013 dues. I understand there is an annual $15 processing fee.** Please charge my payments to the credit card number below.

Select: ❑ Visa ❑ Mastercard ❑ American Express ❑ Discover	Expire Date:
Credit Card Number:	CVV Code:
Signature:	Date Signed:

Please check the credit card expiration date to make sure this card is valid until your final payment has been processed.

❑ I authorize the American Immigration Lawyers Association to charge my credit card quarterly according to the terms of the agreement below.

Terms of Agreement

❑ **I understand and agree to the following:**

- **A renewal notice including a signed attestation must accompany this form.**
- Subsequent payments will be charged to my credit card on the first day of every third month following enrollment.
- Payments will be ¼ of the total payment for my 2013 membership dues.
- I am responsible for keeping track of payment amounts and payment due dates.
- My membership can/will be temporarily suspended if payment is not successfully processed within fifteen (15) days of the quarterly due date.
- A record of each payment will be included on my credit card statement and will serve as my receipt.
- I must make a copy of this authorization form for my records.
- This authorization will remain in effect until the final payment has been processed.

Signature:	Date Signed:

Please sign and FAX or mail completed form to:
American Immigration Lawyers Association
1331 G St., NW, Washington, DC 20005-3142
FAX: 202.783.7853