



Association of Deportation Defense Attorneys

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Membership Application

Name: _____

Address: _____

Phone: _____ Email: _____

Years practicing law: _____ Practicing deportation defense: _____

Solo: Yes _____ No _____ If member of firm, number of attorneys: _____

Declaration

I, _____, affirm that I am an attorney at law, duly admitted to practice before the Courts of the State of _____; that I am in good standing with that Bar and with the EOIR. By joining the Association of Deportation Defense Attorneys, I commit myself to advocate for the fair and humane treatment of non-citizens in deportation-removal proceedings.

Signature: _____ Date: _____

Annual dues: **\$100.00***

Contribution: _____

Total: _____

Kindly make payment by forwarding your checks made payable to "ADDA" to: ADDA, 170 Old Country Rd., Suite 508, Mineola, N.Y., 11501