



APPLICATION FOR MEMBERSHIP

Membership in AHIA is limited to attorneys who have extensive experience providing the highest quality legal services to clients in the Hospitality Industry or in working as in-house counsel to hospitality companies. Applicants accepted for membership generally will have been admitted to practice law for a minimum of ten years and will be able to demonstrate that at least **fifty percent** of their practice for the last five years has been devoted to hospitality related representation. Membership decisions are made at the sole discretion of the AHIA Board of Directors.

Full Name _____

Firm/Company/Employer: _____

Years with Firm/Company: _____

If less than ten (10) years, provide a total of ten (10) years law practice affiliations
(attach additional sheets, if necessary):

Firm/Employer _____

Address: _____ City/State _____

Position (Partner/
Associate/Other): _____

Dates _____

Business Phone _____ Business Fax _____

Email Address _____ Firm's Website URL _____

State Currently Admitted _____ Year of Admission _____

State Currently Admitted _____ Year of Admission _____

State Currently Admitted _____ Year of Admission _____

Law School _____ Graduation Year _____

Briefly describe the nature of your personal legal practice or work as it relates to the hospitality, lodging, meeting, convention, tourism, travel or related industries (collectively, "Industries"), i.e. contracts, employment/labor, litigation, transactional, etc):

Describe the type of Industry client(s) you represent or with whom you work

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Identify any trade or professional associations to which you presently belong that address issues of concern to the Industries. Identify any offices you have held and dates:

What percentage of your personal legal practice or work is related to clients in the hospitality industry? At least 50% is required for membership. _____ %

Please identify two clients/employers who will vouch for your experience in the hospitality industry

Name _____ Title _____

Company _____ Phone/email _____

Name _____ Title _____

Company _____ Phone/email _____

Have you ever been sanctioned by any state bar? ☐ Yes ☐ No

If yes, please describe briefly _____

Where did you hear of AHIA? _____

Members are encouraged to attend at least one meeting per year. I, _____ request that the AHIA consider my application. You have my permission, if necessary, to contact those persons identified above regarding my legal experience in the Industries. Enclosed is the required fee of \$300 which will be returned by AHIA if my application is not accepted. I also agree to abide by the bylaws and rules governing the AHIA.

I understand that by providing my fax number(s), e-mail address and other identification of any means of electronic transmissions shown in this application, on behalf of my company or organization, I am authorized and hereby give consent for the above company/organization and all of its employees to receive faxes, e-mails and other means of electronic transmission sent by or on behalf of the Academy of Hospitality Industry Attorneys.

Applicant's Signature: _____ Date: _____