



# Regular Membership Application

Society of Former Special Agents of the FBI, Inc.

3717 Fettle Park Drive, Dumfries, VA 22025

(703) 445-0026 • Fax (703) 445-0039 • [www.socxfbi.org](http://www.socxfbi.org)

Applications can also be completed online at [www.socxfbi.org](http://www.socxfbi.org)

## APPLICANT INFORMATION

Name of Applicant:				Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Official Bureau Name:				9/11 Responder: Yes <input type="checkbox"/>	
Birth Date:	Dates of Service: (YYYY - YYYY)		Name of Spouse:		
Last Office Assignment:			Name of Intended Chapter Affiliation (if any):		
Residence Address:					Member of FBIAA: Yes <input type="checkbox"/> No <input type="checkbox"/>
City:	State:	Zip:	Email:		
Home Phone:		Fax:		Cell:	
How did you hear about our membership?			Why do you want to be a member?		

## EMPLOYMENT INFORMATION

Business Name:			Title:		
Business Address:		City:		State:	Zip:
Phone:	Fax:		Email:		

## BACKGROUND INFORMATION

Reason for your separation of employment from the FBI: Retired  Resigned  Other: \_\_\_\_\_

**Please submit a copy of your FBI Retirement card indicating that you retired in good standing from the FBI by fax, scanned email, or the U.S. mail. Proof of a current TS security clearance may be submitted in the alternative.** Please answer the following questions:

Were you under an OPR investigation at the time of resignation or retirement? Yes  No

Have you been convicted of a felony? Yes  No

Are you currently under investigation or currently charged with a criminal offense? Yes  No

*(If you answered yes to any of the above questions, please provide details on a separate sheet of paper.)*

## SPONSOR

Please provide the name of a Society Regular Member Sponsor from your last office of assignment. If you need assistance or have questions, please call 703-445-0026 for guidance.

Name: \_\_\_\_\_

## SIGNATURE

I certify that the above information is true and correct. Failure to provide complete and correct information or inaccurate information may preclude processing of this application. I authorize the Society to review this application and obtain additional information as needed to ensure that I meet the membership requirements as set forth in the Society of Former Special Agents of the FBI By-Laws.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT INFORMATION

**NOTE: This membership application MUST be accompanied by a check or credit card payment in the amount of \$150.00. This includes the application fee of \$50.00 plus annual dues of \$100.00.**

Type of Credit Card: VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>					
Account No:		Expiration Date: (MM/YY)		CVV #:	
Name on Card:					
Billing Address (if different from above):					
City:		State:		Zip:	
Signature:				Date:	