



Associate 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

Applications can also be completed and submitted online at www.socxfbi.org.

APPLICANT INFORMATION

Name of Applicant:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Birth Date:	Name of Spouse:		
Residence Address:			
City:	State:	Zip:	
Home Phone:	Cell:	Email:	
Society of Former Special Agents Chapter Affiliation (if any):			Member of FBIAA: Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about our membership?			
Why do you want to be a member?			

EMPLOYMENT INFORMATION

Current Division:	EOD:
Business Phone:	Business Email:

SIGNATURE

I certify that the above information is true and correct, and 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:
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PAYMENT INFORMATION

NOTE: This Associate Membership Application MUST be accompanied by a check or credit card payment in the amount of \$67.50. This includes the application fee of \$25.00 plus annual dues of \$42.50. The \$25.00 application fee is waived for members of the FBIAA.

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: