



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

50% Off
Limited Time

APPLICANT INFORMATION

Name of Applicant:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Official Bureau Name:			
Birth Date:	Dates of Service:	(MM/YY - MM/YY)	Name of Spouse:
Last Office Assignment:		Name of Intended Chapter Affiliation (if any):	
Residence Address:			
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 have 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 \$50.00. Price valid through April 30, 2019.

Type of Credit Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Account No:

Expiration Date:
(MM/YY)

CVV #:

Name on Card:

Billing Address (if different from above):

City:

State:

Zip:

Signature:

Date: