



FBINAA

FBI National Academy Associates, Inc.

National Office:
FBINAA, FBI Academy, Bldg. 8-102
Quantico, VA 22135
PH: 703-632-1994 / FAX: 703-632-1940
www.fbinaa.org

Thank you for renewing your FBINAA membership! Please complete this form so we may update our records and process your dues. Your membership will be reactivated **AFTER JAN 3, 2018**. Once reactivated, you will enjoy the following member's only benefits: on-line bi-monthly issues of *The Associate* magazine, e-newsletters, members only access to online Directory & Store, exclusive discounts with Alliance and Academic partners, and correspondence on local events from your chapter. Dues run annually-- Jan-Dec.

Member # (if known): _____ Session #: _____

Membership Type: Active Membership (Sworn Law Enforcement) Retired Membership

Last Name: _____

First Name: _____

Home Street Address: _____
Preferred Mailing Address: Work Home

City, State, Zip, Country: _____

Home Phone: _____

Agency Name (If LE retired, but still working, list new employer): _____

Agency Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Home Email: _____

Work Email: _____

Chapter Name: _____

DUES:

- Enter **NATIONAL dues (\$90 Sworn; \$45 Retired; \$20 International)** = \$ _____
 - Enter your **CHAPTER dues (contact FBINAA if unsure)** + \$ _____
 - **OPTIONAL Donation:** Enter amount & select who you would like to support
 - Youth Leadership Program Future Growth FBINAA Foundation + \$ _____
- TOTAL (National + Chapter): = \$ _____**

FORM OF PAYMENT:

- **Credit Card Payments:** Fax form to 703-632-1940, email membership@fbinaa.org OR call 703-632-1994 with payment information. Credit info is not kept on file.
 - **Check Payments:** Make checks payable to FBINAA. Mail directly to: FBINAA, FBI Academy, Bldg. 8-102, Quantico, VA 22135
- Payment Method: Check Credit Card (VISA, MASTERCARD, AMEX, DIS)

Card Number: _____ Exp: ____/____

Name as it appears on card: _____ **CVC: _____

****Security code needed for PCI Compliance**

2018 Membership RENEWAL Form