



Legacy Partner Enrollment Form

Society of Former Special Agents of the FBI, Inc.

3717 Fettler Park Drive, Dumfries, VA 22025

(703) 445-0026 • Fax (703) 445-0039 • www.socxfbi.org



PERSONAL INFORMATION

Ms. Mrs. Mr. Name: _____

Name of Deceased Society Member: _____

Birthdate: / /

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell: _____

Email: _____

Grapevine Magazine Opt-out: Yes No

Select **Yes** if you do **NOT** wish to receive a printed copy of *the Grapevine* in the mail. You will have full access to all *Grapevine* issues online.

PAYMENT INFORMATION

NOTE: This enrollment form MUST be accompanied by a check or credit card payment in the amount of \$30.00. Make checks payable to: SFSAFBI.

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: _____