



Membership Renewal Form

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

APPLICANT INFORMATION

Name of Applicant:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Official Bureau Name:		9/11 Responder?: Y <input type="checkbox"/> N <input type="checkbox"/>	
Birth Date:	Dates of Service: (MM/YY-MM/YY)	Name of Spouse:	
Last Office Assignment (Regular) or Current Division (Associate):		Name of Intended Chapter Affiliation (if any):	
Residence Address:		FBIAA Member?: Y <input type="checkbox"/> N <input type="checkbox"/>	
City:	State:	Zip:	Email:
Home Phone:	Fax:	Cell:	

EMPLOYMENT INFORMATION

Business Name:		Title:		
Business Address:		City:	State:	Zip:
Phone:	Fax:	Email: (Associate members MUST include FBI email address here)		

BACKGROUND INFORMATION

Please answer the following questions:

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

- 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.)

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:
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PAYMENT INFORMATION

NOTE: This membership application MUST be accompanied by a check or credit card payment in the amount of \$100 for Regular members (retired/former Agents) and \$50 for Associate members (active Agents).

Type of Credit Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Account No:	Expiration Date: (MM/YY)	CVV #:
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Name on Card:

Billing Address (if different from above):

City:	State:	Zip:
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Signature:	Date:
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