

Membership Application

Society of Former Special Agents of the Federal Bureau of Investigation, Inc.

3717 Fettle Park Drive, Dumfries, VA 22025

(703) 445-0026 • (800) 527-7372 • Fax (703) 445-0039 • www.socxfbi.org

Name of Applicant _____
First Middle Initial Last

Official Bureau Name(s) Used _____
First Middle Initial Last

Birth Date ___/___/___ Dates of Service ___/___ to ___/___ (MM/YY to MM/YY) Name of Spouse _____

Last Office of Assignment _____ Name of Intended Chapter Affiliation _____

Residence Address _____
Street Number City State Zip Code

Home Phone (____) _____ Fax (____) _____ Cell Phone (____) _____ Email _____

Business Name _____ Title _____

Business Address _____
Street Number City State Zip Code

Business Phone (____) _____ Business Fax (____) _____ Business Email _____

Please provide the reason for your separation of employment from the FBI:

Retired Resigned Other _____

Have you previously applied for membership in the Society? Yes No

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 for a criminal offense? Yes No

(If you answered yes to any of the above questions, please provide details on a separate sheet of paper.)

(The Society reserves the right to conduct further inquiry in coordination with the applicant and/or their references.)

References: Society members known to you. If you need assistance please call (800) 527-7372 ext 1.

(1) _____
Name City and State of Residence

(2) _____
Name City and State of Residence

Society Use
Only

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 _____ Date _____

NOTE: This membership application MUST be accompanied by a check or credit card payment in the amount of \$135.00. This includes the application fee of \$50.00 plus annual dues of \$85.00 (FY 10/1 — 9/30).

Credit Card Payment Type of Card: VISA MASTERCARD DISCOVER 3-Digit VID _____
Expiration Date ___/___ / ___/___
Month Year

Account No: _____

Name on Card: _____

Billing Address (if different from above) _____

Signature _____

Office Use Only
Amount
Date
Number
Authorization