



# 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 4, 2019**. 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 & NEW FBINAA App, 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: \_\_\_\_\_

**Preferred Mailing Address:**  Work  Home

Home Street Address: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Agency Name (Working, but LE retired, 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](mailto: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: \_\_\_\_\_

Credit Card Address:  Work  Home

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

2019 Membership RENEWAL Form