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Membership Type: (you should choose 2 of the 4 options)

- Active Membership (sworn position)
- Retired Membership
- Renewing (no break in membership)
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Additional Membership Options (choose these only if they apply to you)

- Dual (joining an additional chapter)
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Member # (if known): _____

Session #: _____

Last Name:

First Name:

Preferred Mailing Address: Work Home

Home Street Address:

City:

State:

Zip:

Country:

Home Phone:

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Agency Name:

Agency Street Address:

City:

State:

Zip:

Phone:

Fax:

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Home Email :

Work Email:

Chapter Name:

Enter the dues amount (\$60 for Active National; \$30 for Retired National) = \$ _____

Enter your corresponding Chapter dues = \$ _____

Processing Fee = \$ 3.00

TOTAL: \$ _____

Forms of Payment:

Forms of payment include check, Visa, Mastercard, American Express, and Discover.

Make checks payable to *FBINAA*.

Mail **directly to your chapter** or to *FBINAA*, Attn: Member Services, FBI Academy, Quantico, VA 22135.

Payment Method: Check Credit Card

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Membership Application