



FBINAA

FBI National Academy Associates, Inc.

National Office:
 FBI Academy Bldg. 8-102
 Quantico, VA 22135
 PH: 703-632-1990 Fax: 703-632-1940

Thank you for renewing your 2021 FBINAA membership! Please complete this form so we may update our records and process your dues. Your membership will be reactivated AFTER January 5, 2021. Once reactivated, you will enjoy the following member's only benefits: access to multiple training opportunities, on-line quarterly issues of The Associate magazine, e-newsletters, members only access to the on-line member directory, store, and FBINAA App, exclusive discounts with Alliance and Academic partners, and correspondence on local events from your chapter. For a full list of benefits, visit www.fbinaa.org. **Dues run annually on a calendar year cycle (Jan-Dec)**

Member ID# : _____ Session #: _____

Membership Type: Active Membership (Sworn Law Enforcement) Retired Membership

Last Name: _____ First Name: _____

Home Street Address: _____ Preferred Mailing Address: Work Home

City, State, Zip, Country: _____

Home Email: _____ Home Phone: _____

Agency Name (Working, but LE retired, list new employer): _____

Agency Street Address: _____

City, State, Zip: _____

Work Email: _____ Work Phone: _____ Fax: _____

Chapter Affiliation(s): _____

DUES:

- Enter **NATIONAL dues (\$95 Sworn; \$50 Retired; \$25 International)** = \$ _____
 - Enter your **CHAPTER dues**. Email membership@fbinaa.org if unsure + \$ _____
 or write "ADD" to give permission to add your chapter dues to your transaction.
 - **OPTIONAL Donation:** Enter amount & select who you would like to support
 _____ Youth Leadership Program _____ Future Growth _____ Foundation + \$ _____
- TOTAL: = \$ _____**

● **Credit Card Payments:** Fax form to 703-632-1940, email 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 BILLING Address: Work Home

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

Auto-generated receipts will be sent to the members primary email address on file.

Secondary email for an additional copy of renewal receipt : _____

2021 Membership RENEWAL Form