



# FBINAA

FBI National Academy Associates, Inc.

**National Office:**  
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**Thank you for Rejoining the FBINAA! Please complete this form with your current information so we may update our records.**

**Membership Type:**

**Member # (if known):** \_\_\_\_\_ **Session #:** \_\_\_\_\_

Active Membership (Sworn position)     Retired Membership

**Additional Membership Options** (choose these only if they apply to you)

Dual (joining additional chapter)     Transfer to/from another chapter

2016 Membership REJOINER Application

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Mailing Address:  Work  Home

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

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

Country: \_\_\_\_\_

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

Agency Name: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Home Email : \_\_\_\_\_

Work Email: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

**DUES:**

Enter the dues amount (\$70 for Active National; \$35 for Retired National; \$15.00 for International) = \$ \_\_\_\_\_

Enter your corresponding Chapter dues (contact Membership if you are unsure) = \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

**FORMS OF PAYMENT:**

\*For **Credit Card Payments:** Fax form to 540-628-0862, email [jwatson@fbinaa.org](mailto:jwatson@fbinaa.org) OR call 540-628-0853 with payment information. Credit Card information will NOT be kept on file & is shredded after processing.

\*For **Check Payment**, make checks payable to **FBINAA**, and mail directly to: **FBINAA, Attn: Member Services, 422 Garrisonville Rd., Ste 103 Stafford, VA 22554.**

**Payment Method:**  Check     Credit Card (VISA, MASTERCARD, AMEX, DIS)

**Card Number:** \_\_\_\_\_ **Exp:** \_\_\_\_\_ / \_\_\_\_\_

**Name as it appears on the card:** \_\_\_\_\_