

Membership Application Form - FBICCAAA

I am requesting membership in the FBI Columbia Citizens' Academy Alumni Association ("FBICCAAA").

Name (Last/First/MI) _____

Address: _____, _____, SC, _____
Street/unit City Zip

Phones - include area code. List in order of preference: circle - home, work, cell (H, W, C).

#1 _____ HWC, #2 _____ HWC, #3 _____ HWC

Preferred e-mail _____ Alt. e-mail _____

I understand that certain functions for the FBICCAAA are only for members in good standing (dues paid for the year). Dues are non-refundable, currently \$75.00 per year, and are billed in December for the following year. If joining on or before the last session, members of current class will be considered paid for the current and following year. Checks are to be made payable to FBICCAAA, and may be tax deductible.

I agree to the above. Please process my membership. Class - (Year) _____

Signed: _____ Date: _____

Payment can also be made via PayPal at the website <https://www.scfbiccaaa.com> (resources) or mailed to: Treasurer FBICCAAA, PO# 2401, Columbia, SC 29202

The FBI Columbia Citizens Academy Alumni Association is a tax exempt 501(C)(3) organization dedicated to supporting the mission of the FBI