



## 2010 FBICAAA Active Membership Information Form

### Member Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	
FBICA Graduation Year/ Location	

### Membership Selection

Membership Level – Please Select One	Amount Due
<input type="checkbox"/> Ambassador	\$75/yr
<input type="checkbox"/> Hoover	\$150/yr
<input type="checkbox"/> Lifetime	\$1,250 one time
<input type="checkbox"/> Lifetime EPP	36 Payments of \$39/month
Optional :	
Additional Donation	\$_____ to be used for _____.

### Availability

During which hours are you generally available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Flexible           |

### Interests

Tell us in which areas you are interested in serving.

- |   |   |
|---|---|
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Deliveries / Logistics |
| <input type="checkbox"/> Special Events       | <input type="checkbox"/> Finance                |
| <input type="checkbox"/> Volunteer field work | <input type="checkbox"/> Newsletter / Website   |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Volunteer coordination |

## Special Skills or Qualifications

Please summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that may be helpful to the FBICAAA.

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## Previous Volunteer Experience

Please summarize your previous volunteer experience that may be helpful to the FBICAAA.

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## Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I consent that the above information may be shared with the FBI for purposes of the background certification. I understand that if I am accepted as an Active Member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Mission

To Actively Support the Community Outreach Programs of the FBI, To Engage our Members and To Ensure the Sustainability of the FBI Citizens' Academy program.

Completed Applications and checks may be mailed to FBICAAA 6263 N. Scottsdale Rd # 255 Scottsdale Arizona, 85250 or faxed to 480-444-7071. Thank you for completing this application form and for your interest in volunteering with the FBICAAA.