



SOCIETY OF FORMER SPECIAL AGENTS OF THE F.B.I. ATLANTA CHAPTER



MEMBERSHIP APPLICATION

Biographical Information:

Name [Please Print Full Name] _____

Home Address _____

City _____

State _____

Zip Code _____

Birth Date [mm/dd/yyyy] _____

Home Telephone [] - _____

Business Telephone [] - _____

Cell Telephone [] - _____

Email Address _____

Name of Spouse _____

Membership Level

Active Agent Yes No

Retired Resigned Agent

1. If you are an Active Agent, please complete the following:

Current Office _____

Entered on Duty [EOD]:mm/dd/yyyy _____

Are you a member of the FBI Agent's Association? _____

2. If you are a Retired/Resigned Agent, please complete the following:

Dates of Service [month/year – month/year] _____

Last Office Served _____

Have you applied for membership in the Society? _____

3. **Business Information**

Name/Address _____

Position/Title _____