



# FBI National Citizens Academy Alumni Association

## BUFFALO CHAPTER MEMBERSHIP APPLICATION

SECTION ONE: CONTACT INFORMATION			
Applicant Information			
Name:		FBINCAAA Chapter: <b>BUFFALO</b>	
Field Office Where you Attended FBI Citizens Academy Program:		Year Graduated:	
Home Address:	City:	State:	Zip:
Primary Phone:	Alternative Phone:		
Primary Email:	Alternative Email:		
Business Information			
Employer:	Occupation:		
Employer Address:	City:	State:	Zip:
Emergency Contact			
Name:	Relationship:		
Phone Number:	Email:		

SECTION TWO: INTERESTS, EXPERTISE AND CAPABILITIES (CHECK ALL THAT APPLY)	
FBI Outreach Programs and Events	Community Education & Awareness
Membership Programs and Events	Volunteer Services and Support
Board and Leadership Development	Incident Response
Marketing and Communications	Diversity, Equity, and Inclusion
Sponsorships and Fundraising	Youth Programs
Technology Support (Website, Database, Email)	Community Service Projects
Other Expertise or Special Training (e.g., accounting, legal, compliance, etc.). List:	Other Specific Topics (e.g., human trafficking, elder fraud, violent extremism, hate crimes, etc.). List:

SECTION THREE: PERMISSIONS	YES	NO
I want to receive email communications from the Chapter regarding programs, events, volunteer opportunities, reminders, and other news and announcements. I understand that members may opt out upon request.		
I want to receive email communications from FBI National Citizens Academy Alumni Association regarding education programs, conferences, policies, resources, and messages from FBI Headquarters. Members may opt out upon request. <i>If yes, please complete the attached Communication Consent Form and return it to the Chapter's Membership Director to sign and return the form to FBI National CAAA.</i>		
I grant permission to publish my name and contact information in the Chapter Membership Directory, and understand that the information is restricted for use only by Chapter members and the FBI Field Office. Members can ask to be removed from the directory at any time.		

SECTION FOUR: ACKNOWLEDGEMENTS
<p>By applying to be a member, I acknowledge the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am a graduate in good standing of the FBI Citizens Academy Program, and will act only in the best interests of the FBI and the Chapter.</li> <li><input type="checkbox"/> I will abide by the Chapter bylaws, FBI Memorandum of Agreement, FBINCAAA Chapter Affiliation Agreement, and all applicable policies adopted by the FBINCAAA and Affiliate Chapters, including but not limited to the Code of Conduct and Ethics Policy, Sexual Harassment Policy, Conflict of Interest Policy, and Whistleblower Protection Policy. A Policy Affirmation form must be signed upon acceptance of this application.</li> <li><input type="checkbox"/> I will at all times maintain compliance with all applicable FBI security requirements in the sole and absolute discretion of the FBI (the "FBI Requirements"). Failure to maintain such certification will immediately disqualify an individual from FBINCAAA chapter membership, including all service as an officer, director, or member of a team. The undersigned hereby consents that the FBI may communicate the status of my compliance (or non-compliance) with the FBI Requirements to the Chapter and FBI National CAAA.</li> </ul>

Applicant Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_


<p><b>TO BE COMPLETED BY THE CHAPTER MEMBERSHIP DIRECTOR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have verified that the applicant is an FBI Citizens Academy alumni in good standing.</li> <li><input type="checkbox"/> Application approved</li> <li><input type="checkbox"/> Dues paid</li> <li><input type="checkbox"/> Policy affirmation form signed</li> </ul> <p>Membership Director Signature: _____ Date: _____</p> <p><b>IMPORTANT:</b> Upon acceptance, please update the Chapter's membership database. Upload the member application and signed policy affirmation form and update the membership roster in BoardEffect. Send the signed Communications Consent Form to <a href="mailto:support@fbinceaa.org">support@fbinceaa.org</a>.</p>
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# FBI National Citizens Academy Alumni Association

## Buffalo Chapter Membership Dues

Membership dues are assessed and payable on January 1 of each year. All dues amounts are deemed fully earned on receipt and are nonrefundable. The FBI Buffalo Citizens Academy Alumni Association is a nonprofit corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. All donations and membership dues are tax-deductible to the maximum extent allowable by law.

Membership Type (Choose 1)	Payment Options
<ul style="list-style-type: none"><li><input type="checkbox"/> Annual Membership - \$50 per year</li><li><input type="checkbox"/> Lifetime Membership - \$1,000 one-time payment</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Pay Online via PayPal – </li><li><input type="checkbox"/> Pay by Check – FBI Buffalo Citizens Academy Alumni Association 229 W Genesee Street, PO Box 491 Buffalo, New York 14202-9998</li></ul>

## Communication Consent Form

- I hereby consent to receive communications from the FBI National Citizens Academy Alumni Association regarding programs, events, resources, opportunities, and news for FBI Citizens Academy alumni. I understand that my contact information will not be shared with individuals or organizations outside of the organization and that I can opt out of communications at any time.
- I request access to FBI Citizens Academy alumni-only content of the FBI National Citizens Academy Alumni Association website (fbincaaa.org). Alumni-only content includes information, resources, and tools to support outreach programming; alumni and chapter leadership education and training modules; information and registration portals for events such as the National Leadership Conference; branded merchandise sales; policies, forms, and Chapter logos; and more. NOTE: Upon successful completion of the Citizens Academy Program, you will receive an email with instructions for logging onto the website, setting up a new password, and completing your profile.

### **REQUIRED**

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

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

FBINCAAA Chapter: \_\_\_Buffalo\_\_\_\_\_

Field Office and Year Graduated: \_\_\_\_\_

### **OPTIONAL**

Preferred Mailing Address (Street, City, State, ZIP): \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

### **SIGNATURES**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign the form and email it to [membership@fbibuffalocaaa.org](mailto:membership@fbibuffalocaaa.org) Pay the membership dues via PayPal or by a check to FBIBCAAA**

Chapter Membership Director/Coordinator Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Type or Print*

Chapter Membership Director/Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FBIBCAAA Board- Return completed, signed form to [support@fbincaaa.org](mailto:support@fbincaaa.org).**