



# FBI National Citizens Academy Alumni Association

## APPLICATION FOR CHAPTER MEMBERSHIP


SECTION ONE: CONTACT INFORMATION			
Applicant Information			
Name:		FBINCAAA Chapter: <b>FBI Charlotte CAAA</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)			
<input type="checkbox"/>	Community Outreach Programs and Events	<input type="checkbox"/>	Community Education & Awareness
<input type="checkbox"/>	Membership Programs and Events	<input type="checkbox"/>	Volunteer Services and Support
<input type="checkbox"/>	Board and Leadership Development	<input type="checkbox"/>	Incident Response
<input type="checkbox"/>	Marketing and Communications	<input type="checkbox"/>	Diversity, Equity, and Inclusion
<input type="checkbox"/>	Sponsorships and Fundraising	<input type="checkbox"/>	Youth Programs
<input type="checkbox"/>	Technology Support (Website, Database, Email)	<input type="checkbox"/>	Community Service Projects
<input type="checkbox"/>	Other Expertise or Special Training (e.g., accounting, legal, compliance, etc.). List:	<input type="checkbox"/>	Other Specific Topics (e.g., human trafficking, elder fraud, violent extremism, hate crimes, etc.). List:

Application updated August 19, 2024

FBI National Citizens Academy Alumni Association is a nonprofit organization separate and apart from the FBI

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> <p><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 FBI National CAAA and its Affiliate Chapters.</p> <p><input type="checkbox"/> I understand that chapter membership is granted only to individuals who meet and maintain the guiding principles for FBI Citizens Academy Graduates as well as the <a href="#">FBINCAAA Program Requirements</a>. I am committed to adhering to these standards along with the Chapter's Bylaws and other policies.</p> <p><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 (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.</p> <p><input type="checkbox"/> I will make known any relationships, transactions, or other circumstances that could create a conflict of interest, now or in the future, between the CAAA and personal interests.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No conflict of interest to declare.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I have the following relationships, transactions or positions that could create a conflict of interest, or an appearance of a conflict of interest (describe):</p> <div style="display: flex; align-items: center; margin-top: 20px;">  <p>QR code for link to Program Requirements</p> </div>

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

**TO BE COMPLETED BY THE CHAPTER MEMBERSHIP DIRECTOR**

- ☐ I have verified that the applicant is an FBI Citizens Academy graduate in good standing.
- ☐ Application approved
- ☐ Dues paid

Membership Director/Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
or Other Designated Director

**IMPORTANT:** Upon acceptance, please update the Chapter's membership database. Upload the member application and update the membership roster in BoardEffect. Send the signed Communications Consent Form to [support@fbincaaa.org](mailto:support@fbincaaa.org).



# FBI National Citizens Academy Alumni Association

## Communication Consent and Access Request 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.

### **REQUIRED**

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

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **OPTIONAL**

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

### **SIGNATURES**

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

Chapter Membership Director/Coordinator Name: \_\_\_\_\_  
*Or Other Designated Director* *Type or Print*

Chapter Membership Director/Coordinator Signature: \_\_\_\_\_  
*Or Other Designated Director*

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

*Communications Consent and Access Request Form updated August 19, 2024*

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