FBI Cleveland
Citizens Academy
Alumni Association

MEMBERSHIP FORM

Name	
Address	
City, State, ZIP	
Home Phone	
Cell Phone	
Work Phone	
Place of Employment	☐ I Am Retired
Position/Title	
Preferred Email	
Alternate Email	
FBICA Year of Graduation	
FBICA Class Location	

☐ **$75**
New Membership
12 months

☐ **$1,000**
Lifetime Membership
Does not expire

☐ **Donation**
Amount: $__________

Please initial below to acknowledge your interests.

☐ I would like to participate as an FBICLECAAA volunteer.

☐ I would like to share my contact information with my classmates.

☐ I would like to be acknowledged as an FBICLECAAA Alumni on the website and/or any other promotional materials.

☐ The FBICAF has my permission to use my photo in their publications in conjunction with the FBICLECAAA website and/or any other promotional materials.

Pay online at www.fbiclecaaa.org/join or mail your check and this form to:

FBICLECAAA

7 St. Clair Avenue
PMB 216
Cleveland, OH 44114

Payment Date: ____________

Payment Method: ___________

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