



FBI National Citizens Academy Alumni Association

BUFFALO CHAPTER MEMBERSHIP APPLICATION

SECTION ONE: CONTACT INFORMATION			
Applicant Information			
Name:		FBINCAAA Chapter: BUFFALO	
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

By applying to be a member, I acknowledge the following:

- 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.
- 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 [FBINCAAAA Program Requirements](#). I am committed to adhering to these standards along with the Chapter's Bylaws and other policies.
- 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 FBINCAAAA 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.
- 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.
 - No conflict of interest to declare.
 - I have the following relationships, transactions or positions that could create a conflict of interest, or an appearance of a conflict of interest (describe):



QR code for link to Program Requirements

Applicant Signature: _____ Date Submitted: _____

TO BE COMPLETED BY THE CHAPTER MEMBERSHIP DIRECTOR

- ☐ I have verified that the applicant is an FBI Citizens Academy alumni in good standing.
- ☐ Application approved
- ☐ Dues paid
- ☐ Policy affirmation form signed

Membership Director Signature: _____ Date: _____

IMPORTANT: 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 support@fbincaaa.org.



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
☐ Annual Membership - \$60 per year ☐ Lifetime Membership - \$1,000 one-time payment	☐ Pay Online via PayPal –  ☐ Pay by Check – FBI Buffalo Citizens Academy Alumni Association 229 W Genesee Street, PO Box 491 Buffalo, New York 14202-9998

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

Phone (Mobile): _____ Phone (Other): _____

SIGNATURES

Member Signature: _____ Date: _____

**Sign the form and email it to 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.