



FBILCAAA APPLICATION

I hereby consent to receive communications from the FBI Louisville Citizens Academy Alumni Association (FBILCAAA), a nonprofit organization separate and apart from the FBI. I understand that my contact information will be used to provide only FBILCAAA communications.

<https://www.fbi-ca.org>
FBI Louisville CAAA

Membership Dues
\$100 / Year OR \$1000 Lifetime
January 1 through December 31

Name: _____ Class Year: _____ City: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Home Email Address: _____

Work Email Address: _____

Work Phone: _____

Which phone number is best to use to contact you? (home) (work)

Which email address is best to use to contact you? (home) (work)

Would you be willing to share any skills or professional expertise to advise or help advance the FBILCAAA?

Please describe how you can assist. _____

Are you interested in participating in any FBILCAAA Committee(s)? Please circle your preference(s).

Membership Nominating Community Services Other: _____

The FBILCAAA is a nonprofit organization separate and apart from the FBI.

FBI Louisville Citizens Academy Alumni Association
P.O. Box 910924 Lexington, KY 40591