



FBI CLEVELAND CITIZENS ACADEMY ALUMNI ASSOCIATION

501 (c)(3) Non-Profit Organization

IRS Tax ID # 20-1977299



MEMBERSHIP FORM

CLEVELAND

Name	
Address	
City, State, ZIP	
Home Phone	
Cell Phone	
Work Phone	
Place of Employment	<input type="checkbox"/> 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: \$ _____

Check here if you selected Auto-Renew (only available when paying membership online)

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 or mail your check and this form to:

FBICLECAAA
7335 Hillside Lane
Solon, Oh 44139

Payment Date: _____

Payment Method: _____