

FEDERAL BUREAU OF INVESTIGATION
FBI Agent Association Election or Cancellation Form

Official Bureau Name (Last, First, Middle Initial):	
Social Security Number:	Division/Field Office:
Cell Phone:	Email Address:

I elect to enroll in the FBI Agent Association (FBIAA) and authorize a biweekly payroll deduction for enrollment dues.

-OR-

This is a request to cancel my enrollment in FBIAA. Do not continue biweekly payroll deductions for FBIAA enrollment dues.

Consent Waiver

I understand that the FBIAA is a private organization and it is not affiliated with the FBI. I further understand that in order to verify my identity, eligibility for membership, and payroll deduction, the FBI may provide my personal information to the FBIAA. As long as I continue to utilize the payroll deduction, I consent to having the FBI provide my name, last 4 of SSN, and the division to which I am currently assigned for the purposes mentioned here. The FBI will not disclose any other information without my prior, written consent.

Employee Signature

Date