

FBI SACRAMENTO CITIZENS ACADEMY ALUMNI ASSOCIATION Membership Contribution Form

Please mail this form and your check to:

FBISACCAAA, PO BOX 1331, Folsom, CA 95763

Name:		
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Graduation Year	r:	
I would like to s (FBISACCAAA):	support the work of FBI Sacramento Citizens Academy Alumr	ni Association
As a Susta	aining Member. Here is my check for \$75 in payment of my 20	024 annual dues.
As a Cont plus an addition	tributing Member. Here is my check for \$ for all contribution.	my 2024 annual dues (\$75)
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By signing below fbisaccaaa.org/r	v, I hereby agree to abide by the <u>FBISACCAAA Code of Conduc</u> membership).	<u>t</u> (available at
Signature:		
Date:		

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