# ASSOCIATION OF FORMER OSI SPECIAL AGENTS, INC.

## Membership Application

| OFFICE USE ONLY | |
|---|---|
| DATE ACCEPTED | MEMBER NR |
| | |
| MEMBER TYPE | |
| ☐ RG | ☐ AM |
| INITIAL DUES PAID | PERIOD |
| $ | |
| APPROVED BY | |

| 1. Name (Last, First, MI, Nickname) | 2. Spouse (First Name Only) |
|---|---|
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| 3. Name of Employer (Firm, Agency, AFOSI Unit, Retired, Etc.) | 4. Title or Position |
|---|---|
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5. Business Address (Number, Street, City, State, Zipcode)

6. Residence Address (Number, Street, Apt #, City, State, Zipcode)

| 7. Business Telephone No. | 8. Business Fax No. | 9. Home Telephone No. | 10. Home Fax | 11. E-Mail Address |
|---|---|---|---|---|
| | | | | |

>>>> The following RECORD DATA will NOT be published in the Directory but is required for record purposes <<<<

| 12. Grade (Last or Current) | 13. Date of Birth | 14. Place of Birth | 15. OSI Badge Nr. (if known/ SA only) |
|---|---|---|---|
| | | | |

| 16. AFOSI (OSI) Basic Course Class No | 17. Date Class Graduated | FOR OFFICE ONLY | |
|---|---|---|---|
| | Month_____Year _____ | Verified from Class Listing ☐ | No List Available ☐ |

18. AFOSI Assignments History (Use Reverse Side If Additional Space Required)

| (A) FROM | (B) TO | (C) UNIT | (D) LOCATION | (E) STATUS (Inves/Suppt) |
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18a. Other Military Service (Use Reverse Side If Additional Space Required)

19. Private Sector Employment (Significant to You) (Optional)

20. REFERENCES. List two current AFOSISA members or current/former members of AFOSI who can verify your former or current relationship with AFOSI (OSI)

| (A) Name | (B) Address | (C) Telephone Number |
|---|---|---|
| | | |
| | | |

21. DUES. Enclosed, payable to AFOSISA, Inc. and in accordance with the following schedule, is a check for my initial dues. **Dues Year is 1 July to 30 June**

☐ Former and current AFOSI (OSI) Special Agents or support personnel applying as REGULAR MEMBERS……...…….$35.00

☐ ASSOCIATES - Per year (regardless of date application is made)…….……..$25.00

22. I hereby make application for membership in the Association of Former OSI Special Agents, Inc. I certify that all the representations made herein by me are accurate and complete to the best of my knowledge and that I served with due fidelity to my oath of office.

| 23. Signature | 24. Date | Mail to AFOSISA, Inc., P.O. Box 1468<br>Apex, NC 27502 |
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