



KANSAS CITY

**MEMBERSHIP APPLICATION**  
**2018 Annual Contribution \$100 or**  
**Lifetime Contribution \$1,000**

*Please Print*

Member's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Spring \_\_\_\_\_ Fall \_\_\_\_\_

Voluntary Contribution to the Fallen  
Officer Fund: \$ \_\_\_\_\_

Please send Fallen Officer Fund contributions as a  
separate check from annual dues. Thank you.

***Please complete this form and enclose a copy with your check by November 30, 2017***

**Paying By Check?**

Please make checks payable to "FBIKCCAAA"

Mail check and this form to:

FBIKCCAAA

1111 Main Street, Suite 750

Kansas City, MO 64105

[Dick2479@aol.com](mailto:Dick2479@aol.com)

**Want to Pay By Credit Card Instead?**

*We need the following information (please write clearly):*

Name as it appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Three Digit Code on the back of the card: \_\_\_\_\_

Your Zip Code: \_\_\_\_\_

Your Signature: \_\_\_\_\_

***Please note making a \$1,000 contribution for a Life Membership  
is nontransferable to other Chapters***