



ASSOCIATION OF FORMER OSI SPECIAL AGENTS, INC.

Membership Application

| OFFICE USE ONLY | |
|-----------------------------|-----------------------------|
| DATE ACCEPTED | MEMBER NR. |
| MEMBER TYPE | |
| <input type="checkbox"/> RG | <input type="checkbox"/> AM |
| INITIAL DUES PAID | PERIOD |
| \$ | |
| APPROVED BY | |

| | |
|-------------------------------------|-----------------------------|
| 1. Name (Last, First, MI, Nickname) | 2. Spouse (First Name Only) |
|-------------------------------------|-----------------------------|

| | |
|---|----------------------|
| 3. Name of Employer (Firm, Agency, AFOSI Unit, Retired, Etc.) | 4. Title or Position |
|---|----------------------|

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 No. () - | 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 The following RECORD DATA will NOT be published in the Directory but is required for record purposes.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. SSN |
|-----------------------------|-------------------|--------------------|---------|

| | | | |
|--|--|--|--|
| 16. AFOSI (OSI) Basic Course Class No. | 17. Date Class Graduated Month _____ Year _____ | FOR OFFICE USE ONLY | |
| | | Verified from Class Listing <input type="checkbox"/> | No List Available <input type="checkbox"/> |

| 18. AFOSI Assignments History (Use Reverse Side If Additional Space Required) | | | | |
|---|--------|----------|--------------|--------------------------|
| (A) FROM | (B) TO | (C) UNIT | (D) LOCATION | (E) STATUS (Inves/Suppt) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 between 1 July and 31 December.....\$25.00

Former and current AFOSI (OSI) Special Agents or support personnel applying as REGULAR MEMBERS between 1 January and 30 June.....\$12.50

ASSOCIATES - Per year (regardless of date application is made).....\$15.00

(\$14.00 of all annual and \$7.00 of half-year dues are for a subscription to the *Global Alliance* magazine.)(Effective 7/01/92)

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 523135 Springfield, VA 22152-5135 |
|---------------|----------|---|