The FRATERNAL ORDER of RETIRED BORDER PATROL OFFICERS

Please accept my application for membership in FORBPO

APPLICANT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST MIDDLE “GO-BY NAME”

YEAR OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR OF RETIREMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR SPOUSE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST MIDDLE “GO-BY NAME”

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Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Cell Phone Email Address

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select one of the following: Active Duty**☐ **3 years as a Patrol Agent**☐

**10 years INS/DHS/CBP and/or Border Patrol support experience**☐

**QUALIFICATIONS FOR MEMBERSHIP (List dates and positions held from EOD to retirement below:**

DATE DUTY STATION JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EOD/Session # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Committee Use ONLY APPROVED FOR MEMBERSHIP SM ☐

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM ☐

Note: An initiation fee of $45 (includes first year dues and a $5.00 processing fee) is payable with application: Please

mail application and payment to: John Paisley, P.O. Box 513, Bonita, CA 91908

Email: jwpaisley@aol.com