

The FRATERNAL ORDER of RETIRED BORDER PATROL OFFICERS

Please accept my application for membership in FORBPO

APPLICANT

YOUR LAST NAME _____ YOUR FIRST _____ YOUR MIDDLE "GO-BY NAME" _____

YEAR OF BIRTH _____ YEAR OF RETIREMENT _____

YOUR SPOUSE:

LAST NAME _____ FIRST _____ MIDDLE _____ "GO-BY NAME" _____

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
EOD/Session #		

If you were recommended for membership, please indicate name and phone or email below:

For Committee Use ONLY	APPROVED FOR MEMBERSHIP SM <input type="checkbox"/>
Date : _____	AM <input type="checkbox"/>

Note: An initiation fee of \$30 (includes first year dues) is payable with application: Please mail application and payment to: Tina Paisley, P.O. Box 513, Bonita, CA 91908
Email: tinapais@aol.com