

# ASSOCIATION OF CUSTOMS AND HSI SPECIAL AGENTS

1504 Eagles Circle, Sebastian, FL 32958-6470

## APPLICATION FOR MEMBERSHIP

ASSOCIATE MEMBERSHIP  REGULAR MEMBERSHIP  Membership Number: \_\_\_\_\_

NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ State: \_\_\_\_\_ 9-DIGIT ZIP: \_\_\_\_\_

PHONE NUMBER: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

SPOUSES FIRST NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ 9-DIGIT ZIP: \_\_\_\_\_

BUSINESS NUMBER: \_\_\_\_\_ (Cell): \_\_\_\_\_

BUSINESS WEB SITE: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

BUSINESS POSITION: \_\_\_\_\_

Served a minimum of two years as a Customs / HSI Special Agent? YES \_\_\_\_ NO \_\_\_\_

Retired from HSI / Customs? YES \_\_\_\_ NO \_\_\_\_ If YES, Retirement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

AGENCY? \_\_\_\_\_

**PLEASE PROVIDE YOUR QUALIFICATION FOR MEMBERSHIP: REGULAR MEMBERSHIP:** Retired Customs or HSI Special Agent; Former Special Agent, having served a minimum of two years and no longer employed by the U.S. Government. **ASSOCIATE MEMBERSHIP:** Active Special Agents with minimum of two years as Customs / HSI Special Agent; Spouses of living members, Widows or Widowers of deceased members; Retired, having served full time in another Customs / HSI position for a minimum of five years. The preceding is in accordance with Article I, Sections 1 & 2 of the ACHSIA By-Laws (AFCSA, Inc.). \*\* Summarize your qualifications utilizing date range. \*\*

**Job title(s)/series, locations and years assigned**

**(Use separate sheet of paper if more space is needed, and list at least one current ACHSIA member, as a reference.)**

**List three (3) references with current phone numbers who can verify your qualifications for membership.**

NAME	1	2	3
PHONE	1	2	3

Applicant authorizes the ASSOCIATION OF CUSTOMS and HSI SPECIAL AGENTS, (AFCSA, INC.) to conduct such inquires (references, employment, civil, criminal and educational records) wherever situated, as it deems necessary in order to determine membership eligibility.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Membership Chairperson: Approved \_\_\_\_ Disapproved \_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dues Tendered  
Credit \_\_\_\_\_  
Data Base \_\_\_\_\_  
Letter Sent \_\_\_\_\_

(Application for Regular Membership must be accompanied by a check for \$75.00, which includes \$20.00 one time non-refundable application fee and \$55.00 annual membership dues. Application for Associate Membership must be accompanied by a check for \$65.00 includes a \$20.00 non-refundable application fee and \$45.00 annual dues. Make all checks payable to ACHSIA, Inc. See article I and XI of the By-Laws.) Send only 1/2 yr. dues July 1 to Dec 31. **All questions MUST be answered.**

**“Application after July 1<sup>st</sup> to Dec. 31<sup>st</sup> (1/2 year) is \$37.50 and \$32.50 respectively”**