

Note: This is an example of the actual form.
A copy of this form is available through your local FBI field office.

INFRAGARD *Non-Secure* MEMBERSHIP APPLICATION

Organization (Applicant): _____
(Name of company, academic institution, government agency, etc)

Name: _____

Mailing Address:

E-Mail Address: _____

Telephone Number: _____

Fax Number: _____

Does the InfraGard Applicant intend to protect from public disclosure its relationship with InfraGard, and request that members of InfraGard protect from public disclosure the InfraGard Applicant's relationship with Infragard to the full extent permitted by law?

Yes ___ **No** ___

I affirm that the information I have provided herein is true, complete and correct to the best of my knowledge and belief I have reviewed the InfraGard Code of Ethics on the reverse side of this Membership Application and I agree to abide by its covenants. Furthermore, my organization (identified above) supports the principles of InfraGard and my participation in this organization.

Date: _____

Signed: _____

Sponsor: _____

----- **FOR INTERNAL USE** -----

Membership Number Assigned: _____

Dues Paid for Year: _____ On Date: _____

InfraGard Chapter: _____

Sponsor's Membership Number: _____