

# PBA MEMBERSHIP APPLICATION

## COLLECTIVE BARGAINING UNIT



Social Security #: \_\_\_\_\_ State Transfer: Yes No  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Badge/ID# \_\_\_\_\_  
Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ Rank: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
Registered Voter: YES NO Sex: M F

*I hereby make application for membership in the South Florida Police Benevolent Association (PBA). I understand that upon my membership acceptance, I agree to abide by the Constitution, By-Laws, and Policies of the South Florida PBA.*

**X**

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
RECOMMENDED BY PBA MEMBER RECOMMENDED BY PBA BOARD OF DIRECTOR

**Please return to PBA Membership Manager via:**

EMAIL: [membership@sflpba.org](mailto:membership@sflpba.org)

FAX: (305) 593-1901

MAIL: SOUTH FLORIDA PBA

10680 PBA Memorial Blvd. (NW 25th St.)  
Suite 300  
Doral, FL 33172

**Please call (305) 593-0044 should you have any questions or need additional information.**

### FOR OFFICE USE ONLY

Agency # \_\_\_\_\_ PBA Board Date: \_\_\_\_\_

Action Code: \_\_\_\_\_ Date Received: \_\_\_\_\_

### PAYROLL DEDUCTION REQUEST

Name of Law Enforcement Agency: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Assignment Location: \_\_\_\_\_

*I hereby request and authorize to deduct from my earnings each payroll \$ \_\_\_\_\_  Bi-Weekly  Monthly the same to be remitted to the South Florida Police Benevolent Association (PBA). These deductions may be terminated by my giving thirty (30) days written notice to the PBA, or upon termination of my employment.*

**X**

\_\_\_\_\_  
SIGNATURE DATE PAYROLL DEDUCTION START DATE (PBA OFFICE USE ONLY)