

PBA MEMBERSHIP APPLICATION

NON-COLLECTIVE BARGAINING UNIT



Social Security #: _____

First Name: _____ Middle Name: _____ Last Name: _____

Agency Name: _____ Badge/ID# _____ Employment Type (FT or PT): _____

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

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: _____