

# PBA MEMBERSHIP APPLICATION

## COLLECTIVE BARGAINING UNIT



Social Security#

Employee ID#

First Name

Middle Name

Last Name

Agency Name

Badge.ID#

Employment Type (FT,PT)

Home Address

Apt#

City

State

ZIP

Home Phone

Work Phone

Cell Phone

Date of Birth

Date of Employment

Rank

Personal Email

Work Email

(Select one) Registered Voter: YES NO

Sex: Male

Female

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)