

# PBA MEMBERSHIP APPLICATION

## NON-COLLECTIVE BARGAINING UNIT



Social Security#

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 am hereby applying 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 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 NW 25th St.

Suite 300

Doral, FL 33172

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

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FOR OFFICE USE ONLY

Agency # \_\_\_\_\_

PBA Board Date: \_\_\_\_\_

Action Code: \_\_\_\_\_

Date Received: \_\_\_\_\_