

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 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

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.

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 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)