



**Florida Police
Benevolent Association
Membership Application**

Social Security Number

Employer # or People's First ID #

Full name

Employing Agency

Institution/Troop/Region/Division

Home/Mailing Address

City State Zip

Home/Cell Number

Date of Birth Date of Employment

Rank

Personal (Non-work) E-Mail Address

✍ _____
Signature (Required) Date

NOTE:

Each member who recruits another member may receive \$25.00 from the Florida PBA!

Recruited by: _____
Recruiter - last 4 of SSN: _____

----- **FOR OFFICE USE ONLY** -----

Member Date		B / C / I / P Billing Code
Chapter	<input type="checkbox"/>	Amount
LDB Only		
Member Number		
Reinstated - Delete Date		
Special Notes		

Member Dues Billing Options
(pick one)

Bank Draft: I authorize FLPBA to deduct from my personal account listed below the current monthly dues for membership. I understand deductions will be processed on the 5th of each month. This authority will remain in effect until such time as I provide written notice to FLPBA to terminate. I can stop payment at any time.

Bank Name

ACH Routing Number

Bank Account Number

✍ _____
Signature (Required) Date

Credit Card: I authorize FLPBA to deduct from the credit/debit card listed below the current monthly dues for membership. I understand deductions will be processed on the 5th of each month. This authority will remain in effect until such time as I provide written notice to FLPBA to terminate. I can stop payment at any time.

Name on credit/debit card

Billing address for card

City/State/Zip

Credit/Debit card number

Expiration Date CVV/Security Code

Please check if you prefer to make a one-time yearly payment processed upon receipt and receive a 10% discount.

✍ _____
Signature (Required) Date

Individual billing: I direct FLPBA to mail a monthly billing statement to the address provided in the application.

✍ _____
Signature (Required) Date

Payroll Deduction: I direct my employing agency to deduct from my wages the appropriate FLPBA dues in accordance with collective bargaining or other agreement between PBA and the agency, if available. This authority will remain in effect until such time as I provide 30 days written notice to FLPBA and the agency to terminate said deduction. Select or enter your agency below:

FDC 0673 FHP 0658 FDLE SA 0680 SLEO 0673

Other-Agency Name _____

✍ _____
Signature (Required) Date

----- **FOR OFFICE USE ONLY** -----

Printed Name Member ID #

Special Notes