COASTAL FLORIDA POLICE BENEVOLENT **ASSOCIATION, INC.**





810 Fentress Court • Suite 150 Daytona Beach, FL 32117 1-800-625-5451 • (386) 304-2393 Fax: (386) 788-2126 • www.cfpba.us

WHAT ARE WE?

We are a professional association of law enforcement officers which:

- O provides a work-related legal defense plan that is second to none, including an on-the-scene PBA attorney if members are involved in an on-duty shooting, custodial death, or accident in which someone is seriously injured;
- is the most effective law enforcement organization in
- works to make Florida the best possible place in which to work, live and retire, by protecting you and your rights day in and day out, working together so we can win together; and
- represents its members through aggressive political activity, making sure members' rights and needs are represented before the Florida Legislature.

OUR GOALS

In 1972, a small group of law enforcement officers formed the Florida PBA and established its goals:

- to provide Florida's law enforcement officers with a strong and effective political voice before legislative and local government bodies, and
- to advocate for fair salaries, working conditions and employee benefits.

We are proud to tell you that the small group is now the largest representative of law enforcement officers in Florida with a full-time, professional staff of highly qualified persons. With equal pride, we can also report that the services we provide have exceeded our original goals.

Times have changed since 1972, but Florida PBA has not forgotten its goals and we will continue to furnish the best, most effective representation possible.

United we can set and accomplish even greater goals. Join us so we can become an even stronger voice for Florida's law enforcement officers.

Working together means winning together!

Rev. 9/15/15

MEMBERSHIP BENEFITS

- LEGAL -

CIVIL SUITS, CRIMINAL ACTIONS AND ADMINISTRATIVE **HEARINGS** — PBA provides an attorney if you are named as a defendant in any civil, criminal or administrative action arising out of Resolute the performance of your duties as a sworn officer, including shootings, custodial Know Your Rights deaths, or accidents in which someone is

seriously injured.

DISCIPLINARY AND GRIEVANCE REPRESENTATION -PBA provides full-time trained representatives, in-house attorneys and attorneys throughout the state to handle your work-related disciplinary investigations, grievance meetings, civil service hearings, disciplinary appeals, and CJSTC cases.

- SERVICES -

- **LEGISLATIVE REPRESENTATION** PBA maintains a professional team of lobbyists who are constantly working to ensure that your rights and needs are represented before the Florida Legislature.
- **PBA HEART FUND** This charitable arm was established as an additional benefit to members to provide certain death or disability benefits to the member, spouse or dependent children when the member is killed or permanently and seriously disabled in-line-of-duty.
- Membership Services Since membership services are the primary mission of the Florida PBA, quick and dependable service is priority number one. PBA has trained representatives located throughout Florida who can assist you in every way when the need arises.
- **24/7 Access** Immediate access to PBA staff in case of an emergency through toll-free numbers, staffed 24 hours a day, 365 days a year - 1.800.733.3722.

- COMMUNICATIONS -

- **Publications** Newsletters, Capitol Reports, and Hotsheets are utilized on a regular basis to keep you up to date on pending legislation, rule changes, contract negotiations, agency happenings and more.
- "E-PBA" E-MAIL SERVICE PBA's E-PBA sends breaking news and other important issues right to your inbox within minutes. E-PBA also notifies members of important information posted on social media such as Facebook, Twitter and YouTube.

Visit our website at: www.cfpba.us

Coastal Florida PBA MEMBERSHIP APPLICATION

I hereby make application for membership in the Florida Police Benevolent Association.

(Fill out online and then print and sign.)

	Social Security	Number	
First Name	Middle Init	ial Las	st Name
	Mailing Add	lress	
City		State	Zip
()	()	
Home Telephone	e Bus	iness Telephone	
Cell Phone		te of Birth	
	stered to vote?	Yes	No
-	ion: Rep.		
Employir	ng Agency	Division/Reg	gion
Date of Employment		Rank/Classification	
Pe	rsonal (Non-work) E	E-Mail Address	
1			
Signature	e (Required)		Date
NOTE: Each n receive \$25	nember who recru from the Florida	its another me PBA!	ember may
Recruited By:			
	# or last 4 of SSN:		
F	OR OFFICE U	SE ONLY –	
PBA Me	mber Date	Agency	
Chanter	P/I/B/C Action Code	Amo	
Chapter		Amo	unt
Reinstated O	MID:		

For your convenience, PBA offers an Automatic Bank Draft Plan as well as a MasterCard/Visa Credit/Debit Card Plan. Complete one of the following forms.

If you do not sign up for either Plan, PBA will send a monthly statement to you.

CREDIT CARD AUTHORIZATION

I authorize Florida Police Benevolent Association, Inc. to begin making monthly charges (on the 15th of the month) to my credit card account for payment of my membership dues. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the credit card institution a reasonable opportunity to act on it.

(Please Print or Type)

NAME on CREDIT CARD:					
BILLING ADD ACCEPTED)	RESS FOR CRE	EDIT CARD (NO PO BOX			
STREET					
CITY/STATE/	ZIP				
CHECK ONE	UVISA 🗆	MASTERCARD			
CREDIT CAR	D NUMBER:				
EXPIRATION	DATE:	CVS CODE:			
	eck if you prefer rocessed upon r	to make a one-time eceipt.			
SIGNATURE	OF APPLICANT:				
DATE BCVD:	OFFICE US	E ONLY MEMSKEY:			
CC DRAFT DATE		ES AMOUNT:			
CC DRAFT DATE	DUE	S AIVIOUNT:			

BANK DRAFT AUTHORIZATION

NOTE: TO ENSURE PROPER BANK CODING, PLEASE PRINT LEGIBLY.

Enter your ACH Bank Routing Code and Bank Account Number from the bottom of your check (as shown here).

I.	123456789	I,	1234567890123	п•
	ACH Routing Code		Bank Account Number	

PBA BANK DRAFT PLAN AUTHORIZATION FORM

I authorize Florida Police Benevolent Association, Inc. to begin making monthly deductions from my checking account for payment of my membership dues and the financial institution named below to initiate entries to my checking account (on the 15th of each month). This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institu-tion a reasonable opportunity to act on it. I can stop pay-ment of any entry by notifying my financial institution three days before my account is charged.

(Please Print or Type)

NAME (Full)	ME (Full) SOC. SEC. NO		
STREET ADDRES	SS		
CITY		STATE	ZIP
BANK NAME			
ACH ROUTING C	ODE	BANK ACCOUNT NUMBER	
BANK ADDRESS			
CITY		STATE ZIP	
NAME(S) AS SHO	WN ON THIS ACC	COUNT	
SIGNATURE O	F APPLICANT	DATE	
	OFFICE U	SE ONLY	
DATE RCVD:	CH/CP NO.:	MEMSKEY:	
BD DRAFT DATE:	DUES AMOUNT:	ACCOUNTING DEPARTMED DATE:	ENT: SY: