Coastal Florida Police Benevolent Association

810 Fentress Court, Suite 150 ● Daytona Beach, Florida 32117
(386) 304-2393 ● 1-800-625-5451 ● Fax: (386) 788-2126

August 18, 2025

TO: All CFPBA Members

FROM: Mike Scudiero, Executive Director

RE: Nomination and election of Membership Representatives

Today the nomination period has commenced for Membership Representatives to the Coastal Florida Police Benevolent Association. **The nomination period will conclude at 4:30pm on September 5, 2025.**

In order to qualify to serve as a Membership Representative, which also serves as a voting member of the Board of Directors, you must:

1 – Be a member in good standing at the time of your nomination (minimum of 30 days of dues paid prior to nomination deadline)

2 – Have two members in good standing from the unit of which you are a member complete the enclosed nomination form.

3 – The nomination form must arrive at the CFPBA office (photo/scan the forms to jessica@cfpba.us) by 4:30pm on September 5, 2025.

The number of Membership Representatives will be determined by the number of members per agency as follows:

1) *One (1) Membership Representative for agencies up to 50 members and a certified collective bargaining unit.*
2) *One (1) additional Membership Representative for every 50 members beyond the first 50.*

Alternate Membership Representatives shall be appointed following the normal election schedule this winter. Members wishing to serve only as an Alternate Membership Representative should not participate in this process for Membership Representative.

If there are more candidates for Membership Representative than allotted spaces in any given agency, an election will be held in October or November to determine the outcome in that particular agency.

Thank you again for your membership in the Coastal Florida PBA. You may contact the office should you have any questions about this process.

Coastal Florida PBA
Representative Nomination

I, _____ nominate _____
(please print) *(please print)*
to be the representative of the Coastal Florida PBA members at the

_____.
(please print - Name of Department)

Signature of person making nomination _____.

I, _____ second the nomination of _____
(please print) *(please print)*
to be the representative of the Coastal Florida PBA members at the

_____.
(please print - Name of Department)

Signature of person seconding nomination _____.

I, _____ accept the nomination as PBA representative
(please print)
for the members at the _____.
(please print - Name of Department)

Signature of person accepting nomination _____

Once completed please email to JESSICA@CFPBA.US