



**COASTAL FLORIDA PBA/PEA
BENEFICIARY FORM**



IMPORTANT NOTICE:
Please name your beneficiary!
If a beneficiary is not named, benefits will be paid to your estate.

Name _____ Date of Birth _____ / _____ Social Security Number _____

Address _____ Street _____ City _____ State _____ Zip _____

Primary Beneficiary (to receive proceeds if living at my death) INCLUDE COMPLETE MAILING ADDRESS Relationship to me _____

Secondary Beneficiary (to receive proceeds if Primary Beneficiary is not living at my death) + COMPLETE ADDRESS Relationship to me _____

Signature _____ Date _____

Coastal Florida PBA/PEA
810 Fentress Court, Suite 150
Daytona Beach, FL 32117

Membership Application
(Please print)

First Name _____ Middle Name _____ Last Name _____

Home Street Address _____

City _____ State _____ 9 Digit Zip Code _____

Home Phone _____ Business Phone _____

Cell Phone _____ Pager _____

Sex: M F Birth Date _____

Agency _____

Social Security No. _____ Department _____

Employment Starting Date _____ Rank/Classification _____

Signature _____

Recommended By _____

HOME (Personal) E-Mail Address _____



For Office Use Only

County _____ Agency _____

I / P _____

PBA Date _____ Action Code _____

**For your convenience, PBA offers a
MasterCard/Visa Credit/Debit Card Plan.
Complete one of the following forms.**

**If you do not sign up for the Credit/Debit
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 each 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)

NAME on CREDIT CARD: _____

BILLING ADDRESS FOR CREDIT CARD (NO PO BOX ACCEPTED)

STREET _____

CITY/STATE/ZIP _____

CHECK ONE: VISA MASTERCARD

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVS CODE: _____

Please check if you prefer to make a one-time payment processed upon receipt.

SIGNATURE OF APPLICANT: _____

Options for returning the Membership Application and the Dues Authorization:

(1) mail to the address shown at the top of the application;

(2) scan & e-mail to jessica@cfpba.us;