#### 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 the performance of your duties as a sworn officer, including shootings, custodial deaths, or acci-

dents in which someone is seriously injured.

■ **Disciplinary and Grievance Representation** — PBA provides full-time trained representatives, inhouse 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.

**You can join CFPBA/CFPEA** by filling out the form on the reverse side and returning it to us. For your convenience (if your employer offers it), there is also an "Authorization to Deduct" form so your employer can send us your dues automatically through payroll deduction. We also offers a Basic Life & Basic AD&D to full time employees. Please fill out the Beneficiary Form on the reverse side as well.

### WHAT ARE WE?

We are a professional association of law enforcement officers which:

- 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 Florida;
- O 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:

- O to provide Florida's law enforcement officers with a strong and effective political voice before legislative and local government bodies, and
- O 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 Coastal 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!

# 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

l .	ess for your beneficiary	ıding complete mailing addr	Please fill out completely, including complete mailing address for your beneficiary(ies).	9
Date				Signature
Relationship to me	MPLETE ADDRESS	iary is not living at my death) + CON	Secondary Beneficiary (to receive proceeds if Primary Beneficiary is not living at my death) + COMPLETE ADDRESS	Secondary
Relationship to me	LING ADDRESS	INCLUDE COMPLETE MAII	Primary Beneficiary (to receive proceeds if living at my death) INCLUDE COMPLETE MAILING ADDRESS	Primary B
Zip	State	City	Street	Address
urity Number	Social Securit	Date of Birth		Name
IMPORTANT NOTICE: Please name your beneficiary! If a beneficiary is not named, benefits will be paid to your estate.	IMPORTANI Please name you If a beneficiary is not not paid to you	BA/PEA (FA)	COASTAL FLORIDA PBA/PEA BENEFICIARY FORM	COASTAL FLORIDA

## Coastal Florida PBA/PEA

810 Fentress Court, Suite 150 Daytona Beach, FL 32117

## **Membership Application**

(Please print)

First Name	Middle Name	E Last Name
	Home Street Add	ress
City	State	9 Digit Zip Code
Home Phone		Business Phone
Cell Phone		Pager
Sex: ☐ M ☐ I	F Birth Date _	
	Agency	
Social Security N	No.	Department
Employment Sta	rting Date	Rank/Classification
	Signature	
	-	
	Recommended I	Ву
НОМЕ	(Personal) E-Ma	il 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 CARI	D:
BILLING ADDRESS FOR ACCEPTED)	R CREDIT CARD <i>(NO PO BOX</i>
STREET	
CITY/STATE/ZIP	
CHECK ONE: ☐ VISA	☐ MASTERCARD
CREDIT CARD NUMBE	R:
EXPIRATION DATE:	CVS CODE:
☐ Please check if you p payment processed u	prefer to make a one-time upon receipt.
SIGNATURE OF APPLIC	CANT:
<b>9</b>	
DATE RCVD: CH/CP NC	D: MEMSKEY:
CC DRAFT DATE	DUES AMOUNT: