

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 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.

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.

R04/15

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;
- 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 protect Florida's law enforcement officers from any and all sources that attack their salaries, pensions or working conditions.

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



**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 _____
Street Address _____
City _____ State _____ Zip _____

**BENEFICIARIES:
(INCLUDE COMPLETE MAILING ADDRESSES)**

Primary Beneficiary (to receive proceeds if living at my death)
Name _____
Street Address _____
City _____ State _____ Zip _____

Relationship to me _____
Secondary Beneficiary (to receive proceeds if Primary Beneficiary is not living at my death)
Name _____
Street Address _____
City _____ State _____ Zip _____
Relationship to me _____

Signature _____ Date _____
Please fill out completely, including complete mailing address for your beneficiary(ies).

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 _____
Are you registered to vote? ___ Yes ___ No
Party Affiliation: ___ Rep. ___ Dem. ___ Ind. _____
Agency _____
Social Security No. _____ Department _____
Employment Starting Date _____ Rank/Classification _____
Signature _____
Recommended By _____
HOME (Personal Non-Work) E-Mail Address _____



For Office Use Only

County _____ Agency _____
I / P _____
PBA Date _____ Action Code _____

**COASTAL FLORIDA
PBA/PEA AUTHORIZATION
TO DEDUCT**

I hereby assign to the Coastal Florida Police Benevolent Association/Coastal Florida Public Employees Association, from any wages earned or to be earned by me as your employee, my periodic dues in such amounts as are now or hereafter established by the Association and become due to it as my membership dues in said Association. I authorize and direct you to deduct and withhold such amounts from my salary and to remit the same to said Association. I hereby waive all rights and claims to said monies deducted and transmitted in accordance with this authorization, and release my employer and all its officers from any liability therefor.

This assignment, authorization and direction shall be revocable any time upon thirty (30) days written notification to my employer and the Association.

Department _____
Name (Please Print) _____
Date _____
Name (Signature) _____
Social Security Number _____

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 jmorris@cfpba.us;
or
- (3) fax to (386) 788-2126

PLEASE NOTE: YOU MUST PHYSICALLY SIGN ALL FORMS YOU FILL OUT BEFORE SENDING TO PBA/PEA.