COASTAL FLORIDA	COASTAL FLORIDA PBA/PEA BENEFICIARY FORM	BA/PEA CTANANTERM	IMPORTANT NOTICE: Please name your beneficiary! If a beneficiary is not named, benefits will be paid to your estate.	Notice: Ir beneficiary! med, benefits will be restate.
Name		Date of Birth	Social Security	Number
Address	Street	City	State	Zip
Primary Bend	Primary Beneficiary (to receive proceeds if living at my death) INCLUDE COMPLETE MAILING ADDRESS	INCLUDE COMPLETE MAILI	NG ADDRESS	Relationship to me
Secondary B	Secondary Beneficiary (to receive proceeds if Primary Beneficiary is not living at my death) + COMPLETE ADDRESS	ary is not living at my death) + COMF	LETE ADDRESS	Relationship to me
Signature				Date
	Please fill out completely, including complete mailing address for your beneficiary(ies)	ding complete mailing addres	ss 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	e Last Name
	Home Street Add	ress
City	State	9 Digit Zip Code
Home Phone		Business Phone
Cell Phone		Pager
Sex: 🗆 M 🚨	F Birth Date _	
	Agency	
	0 /	
Social Security	No.	Department
Employment Sto	arting Date	Rank/Classification
	Signature	
	Recommended	Ву
НОМ	E (Personal) E-Ma	il Address
For	Office Use	Only
County		Agency
		I / P
PRA 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: USA 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 jmorris@cfpba.us;