

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.

R01/18

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 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
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**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 _____

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) 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: _____



OFFICE USE ONLY

DATE RCVD: _____ CH/CP NO.: _____ MEMSKEY: _____

CC DRAFT DATE _____ DUES AMOUNT: _____