

## 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.

## 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.





## COASTAL FLORIDA PBA 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

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 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 [jessica@cfpba.us](mailto:jessica@cfpba.us)

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