

MEMBERSHIP APPLICATION

I hereby make application for membership in the Police Benevolent Association. *(Please Print)*

First Name M.I. Last Name

Home Street Address

City State Zip

Home Telephone (_____) _____

Business Telephone (_____) _____

Cell Phone (_____) _____

E-mail _____

Male _____ Female _____

Married _____ Single _____ Divorced _____

Date of Birth ___/___/___ No. of Dependents _____

Enforcement Agency

Social Security Number Employee Number

Date Entered Police Work Rank

Do you have powers of arrest? Yes No

Signature _____ **Date** _____

Recommended by

— **FOR OFFICE USE ONLY** —

County Agency

PBA Member Date Member Code Pay Code

Tear on the perforation (or photocopy) and return this page to

WEST CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION

A Chapter of the Florida PBA

300 East Brevard Street Tallahassee, FL 32301

..... (800) 955/5944

PAYROLL DEDUCTION REQUEST

Tear on the perforation (or photocopy) and return this page to

WEST CENTRAL FLORIDA POLICE BENEVOLENT ASSOCIATION

A Chapter of the Florida PBA

300 East Brevard Street Tallahassee, FL 32301

(800) 733-3722

Please Print

I, _____ hereby request and authorize the Paymaster to deduct from earnings or compensation \$_____ either ___bi-weekly; ___bi-monthly; or ___monthly (1st pay period) or ___monthly (2nd pay period), the same to be remitted to the WCFPBA.

I understand that dues and other deductions for insurance premiums change from time to time and I hereby authorize the agency to adjust the amount of the deduction associated with the dues and insurance upon notification from the PBA without further written authorization from me.

These deductions may be terminated by my giving thirty (30) days written notice to West Central Florida Police Benevolent Association (WCFPBA) and the Paymaster, or upon termination of my employment.

Signature _____

Date _____

Social Security No.

Employee/Payroll ID #

Street Address

City

State

Zip