

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.

- COMMUNICATIONS -

■ **PUBLICATIONS** — Newsletters, Capitol Reports, and Hotsheets are utilized on a regular basis to keep you up to date on pending legislation, rule changes, contract negotiations, agency happenings and more.

■ **“E-PBA” E-MAIL SERVICE** — PBA’s E-PBA sends breaking news and other important issues right to your inbox within minutes. E-PBA also notifies members of important information posted on social media such as Facebook, Twitter and YouTube.

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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 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!

FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.



The Voice of Florida Law Enforcement

FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

300 East Brevard Street, Tallahassee, FL 32301

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www.flpba.org

FLORIDA PBA MEMBERSHIP APPLICATION

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

Social Security Number		
First Name	Middle	Last Name
Mailing Address		
City	State	Zip
()	()	
Home Telephone	Business Telephone	
()	Date of Birth	
Are you registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Party Affiliation: <input type="checkbox"/> Rep. <input type="checkbox"/> Dem. <input type="checkbox"/> Other		
Employing Agency		
Date of Employment	Rank/Classification	
E-Mail Address		
Signature (Required)		Date

Recruited By: _____		
Recruiter Member #: _____		
----- FOR OFFICE USE ONLY -----		
PBA Member Date	Agency	
I / BD / CC		
Chapter	Action Code	Amount
Reinstated OMD: _____		

*For your convenience, PBA offers an
Automatic Bank Draft Plan as well as a
MasterCard/Visa Credit/Debit Card Plan.
Complete one of the following forms.*

*If you do not sign up for either 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 5th 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.

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY				
DATE RCVD:	CH/CP NO.:	CC DRAFT DATE:	DUES AMOUNT:	FED PAC:
LOC:	MEMSKEY:	ACCOUNTING DEPARTMENT DATE:	BY:	

BANK DRAFT AUTHORIZATION

**NOTE: TO ENSURE PROPER BANK CODING,
PLEASE PRINT LEGIBLY.**

Enter your *ACH Bank Routing Code* and *Bank Account Number* from the bottom of your check (as shown here).

123456789	1234567890123
ACH Routing Code	Bank Account Number

PBA BANK DRAFT PLAN AUTHORIZATION FORM

I authorize Florida Police Benevolent Association, Inc. to begin making monthly deductions from my checking account for payment of my membership dues and the financial institution named below to initiate entries to my checking account **(on the 5th of each month)**. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

(Please Print)

NAME (Full) _____ SOC. SEC. NO. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK NAME _____

ACH ROUTING CODE _____ BANK ACCOUNT NUMBER _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME(S) AS SHOWN ON THIS ACCOUNT _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT *(IF NECESSARY)* _____

OFFICE USE ONLY				
DATE RCVD:	CH/CP NO.:	BANK DRAFT DATE:	DUES AMOUNT:	FED PAC:
LOC:	MEMSKEY:	ACCOUNTING DEPARTMENT DATE:	BY:	