



*The Voice  
of  
Florida's  
Law  
Enforcement  
Officers*

THE DAY YOU JOIN,  
YOU WILL BE ABLE TO  
REALIZE THE  
BENEFITS, SERVICES  
AND PRIVILEGES  
PROVIDED BY THE PBA.

Fill out the attached membership application and return it with at least one month's dues (call for amount) to your PBA representative or mail it to:

2100 North Florida Mango Road  
West Palm Beach, Florida 33409

**Palm Beach County PBA**  
**(561) 689-3745**  
**[www.pbcpba.org](http://www.pbcpba.org)**

*ADMINISTRATIVE OFFICE:*

*2100 North Florida Mango Road  
West Palm Beach, FL 33409-6400*

#### THE PALM BEACH COUNTY PBA

- We are a group of fellow law enforcement officers in Palm Beach and Martin Counties representing many officers at the local, county and state levels.
- We are a growing and progressive union of professional law enforcement officers.

The purpose of this organization is to promote professionalism among law enforcement officers; to provide labor relations assistance and collective bargaining services to members in Palm Beach and Martin Counties; to influence the youth of our community in an effort to fight delinquency; to further and create better relations between the community and law enforcement.

**Join with the increasing number of law enforcement officers who are uniting to build a better law enforcement community for yourself, your fellow officers and your own community.**

NEVER STAND ALONE .....JOIN TODAY!

**ATTENTION: You may print this page out and fill it out by hand, OR you may fill it out on the computer. Take your pointer, click on the area to be filled in, and then enter the required information. You can use your Tab key to take you through the various fields. When finished filling it out on the computer, you may then print it out, sign it, and return it to Palm Beach County PBA. (You can manually clear out the form to remove your personal information after printing it out OR close out [quit] your internet browser and Adobe Acrobat, and your personal information should disappear when you relaunch the programs.)**



**PALM BEACH COUNTY PBA**  
**2100 N. Florida Mango Road**  
**West Palm Beach, FL 33409**  
**(561) 689-3745**  
**(561) 687-0154 FAX**

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

## **BENEFITS AND SERVICES YOUR PBA MEMBERSHIP PROVIDES YOU**

A legal defense plan which covers cost and legal fees of an unlimited amount per case if you are named as a defendant in a state or federal civil or criminal action. Under this plan, a PBA Attorney will represent you.

At your request, a PBA representative will assist and accompany you in any type of internal disciplinary investigation. A PBA attorney will represent you at any hearing with PBA Board approval.

The only police organization that provides a full-time office staff to assist you.

Representation in Tallahassee, lobbying the State Legislature for the interests of law enforcement; also political screening of candidates for municipal, county and state offices.

A bargaining team to represent you in collective bargaining for salary and benefits.

Experts to assist in pension planning.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Telephone Business Telephone  
(Please include area codes)

Date of Birth: \_\_\_\_\_

Cell: \_\_\_\_\_

LE or Corr: \_\_\_\_\_

Recommended by: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you registered to vote?  Yes  No  
Party Affiliation:  Rep.  Dem.  Other

\_\_\_\_\_  
Employing Agency

\_\_\_\_\_  
Date of Employment Rank

\_\_\_\_\_  
Signature

### **AUTHORIZATION CARD FOR DEDUCTION OF PBA DUES**

I hereby authorize the City/Town/County of \_\_\_\_\_  
to deduct from my wages the current regular monthly PBA dues and to transmit this amount to the Treasurer of the Palm Beach County Police Benevolent Association. I also authorize the release of my social security number to the PBA for payroll deduction purposes only.

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

#### **FOR OFFICIAL USE ONLY**

Charter/Chapter Agency Amount Received

P.B.A. Member Date Action Code Status