

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:

Palm Beach County PBA
2100 North Florida Mango Road
West Palm Beach, Florida 33409



(561) 689-3745
www.pbcpba.org

THE PALM BEACH COUNTY PBA

- We are a group of fellow law enforcement officers in Palm Beach, Martin And St. Lucie 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, Martin and St. Lucie 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.



*The Voice
of
Florida's
Law
Enforcement
Officers*

NEVER STAND ALONEJOIN TODAY!



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.



Palm Beach County Police Benevolent Association Membership Application

Social Security Number

Full name

Employing Agency

Home/Mailing Address

City State Zip

Cell Number

Date of Birth Date of Employment

Rank ID #

Personal (Non-work) E-Mail Address

Signature (Required) Date

After printing and signing:

(1) scan & e-mail to angela@pbcpba.org; or

(2) fax to 561-687-0154; or

(3) mail to 2100 N. Florida Mango Road,
West Palm Beach, FL 33409

FOR OFFICIAL USE ONLY		
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Charter/Chapter	Agency	Amount Received
	B / C / I / P	
P.B.A. Member Date	Action Code	Status

Member Dues Billing Options

(pick one)

Bank Draft: I authorize PBCPBA to deduct from my personal account listed below the current monthly dues for membership. I understand deductions will be processed on or about the 1st of each month. This authority will remain in effect until such time as I provide written notice to PBCPBA to terminate. I can stop payment at any time.

Bank Name

ACH Routing Number

Bank Account Number

Signature (Required) Date

Credit Card: I authorize PBCPBA to deduct from the credit/debit card listed below the current monthly dues for membership. I understand deductions will be processed on or about the 1st of each month. This authority will remain in effect until such time as I provide written notice to PBCPBA to terminate. I can stop payment at any time.

Name on credit/debit card

Billing address for card

City/State/Zip

Credit/Debit card number

Expiration Date CVV/Security Code

Please check if you prefer to make a one-time yearly payment processed upon receipt and receive a 10% discount (Not applicable to Retiree/Associate Membership Dues).

Signature (Required) Date

Individual billing: I direct PBCPBA to mail a monthly billing statement to the address provided in the application.

Signature (Required) Date

Payroll Deduction: I direct my employing agency to deduct from my wages the appropriate PBCPBA dues in accordance with collective bargaining or other agreement between PBCPBA and the agency, if available. This authority will remain in effect until such time as I provide 30 days written notice to PBCPBA and the agency to terminate said deduction. Select or enter your agency below:

Agency Name _____

Member Name ID # / SSN (Last 4 digits)

Signature (Required) Date