

BROWARD COUNTY POLICE BENEVOLENT ASSOCIATION

Chartered by the Florida Police Benevolent Assn., Inc.

I hereby make application for membership in the Police Benevolent Association

First Name _____ Middle Initial _____ Last Name _____

Home Street Address _____

City State Zip _____

Home Phone _____

Bus. Phone _____

Pager # Cell # _____

Email Address _____

Social Security # _____

Employee # _____

Male or Female

Enforcement Agency: _____

Date Entered Police Work Rank _____

Do you now have powers of arrest? Yes No

Signature

Recommended by

FOR OFFICE USE ONLY

County Agency P.B.A. DatePay Code