

**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