Last Name **First Name** **Middle Name**

Home Address **Apt #**

City **State** **Zip Code**

Home # **Work #** **Beeper #**

Social Security # **Date of Birth**

☐ **Male** ☐ **Female** **Today's Date:**_____

Registered Voter **Political Affiliation** **District #**
☐ **Yes** ☐ **No** ☐ **Rep.** ☐ **Dem.** ☐ **Ind.** [_____]

Law Enforcement Agency **District/Location**

Date of Hire **Permanent Status Date**

_____
Rank or Job Classification

I hereby make application for membership in the Dade County Police Benevolent Association. I understand that upon my membership acceptance, I agree to abide by the Constitution, By-Laws and Policies of the Dade County PBA.

_____
Signature

Recommended by PBA Member

Recommended by Member of the Board of Directors

****

FOR OFFICE USE ONLY

Charter /Chapter _____ **Agency**_____

PBA Board Date_____**Status**_____**Action Code**_____

_____

PLEASE RETURN TO:
Membership Director
Dade County PBA
10680 PBA Memorial Blvd.
NW 25th Street, Suite 100
Miami, FL 33172-2108
(305) 593-0044