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 No.**
☐ **Yes** ☐ **No** ☐ **Rep** ☐ **Dem** ☐ **Ind** [_____]

Law Enforcement Agency **District/Location**

Date of Hire **Permanent Status Date**

Rank or Job Classification

Do you have powers of Arrest? ☐ **Yes** ☐ **No**

Signature

Recommended by P.B.A Member

Recommended by Member of P.B.A. Board of Directors

FOR OFFICE USE ONLY

Charter/Chapter_____**Agency**_____

PBA Board Date_____ **Status**_____

Action Code_____

PLEASE RETURN TO:
Membership Director
Dade County PBA
1680 NW 25th Street, Suite 100
Miami, FL 33172-2108
305/593-0044