SUN COAST
POLICE BENEVOLENT ASSOCIATION
Chartered by Florida Police Benevolent Association

I HEREBY make application for membership in the Sun Coast Police Benevolent Association, Inc. I acknowledge that my membership benefits begin only after my application has been approved at the monthly Board of Directors meeting and the PBA will not provide any legal or Financial benefits for any on going Internal Affairs Investigation(s), Civil Litigation or any action created prior to the PBA's approval of my membership application.

_____ _____
SS# Date of Birth

_____ ____ _____
First Name MI Last Name

_____ _____ _____
Agency Rank/Class Employee #

_____
Home Address

_____ _____ _____
City: State: Zip:

_____ _____
Home # Work #

_____ _____
Cell # Email

_____
Start Date W/ Force

Do you have the power to arrest? Yes: _____ No: _____

_____ _____
Members Signature Date

_____
Recommended by:

For Office Use Only:

Entered: ___ Date:_____ NMP Sent: ___ Cards Ordered: ___