



San Jose Police Benevolent Association



P.O. Box 148 San Jose, CA 95103

John Carr, President
408-717-1416 JohnCarr@sjpba.net

Dave Wysuph, Vice President
408-656-9169 viceprez@sjpba.net

Larry Lundberg, Secretary/Treasurer
408-295-5286 sectreas@sjpba.net

Robert Moir, Sgt. at Arms
408-253-7196 sgtarms@sjpba.net

The Police Benevolent Association (PBA) is a fraternal/social organization dedicated to the history and memory of the SJPD. The group fosters camaraderie and remembrances of the SJPD as it was when it was served by the members of the PBA.

APPLICATION FOR MEMBERSHIP

Email: secretary@sjpba.net

WE WANT YOU



JOIN THE PBA

Membership to the PBA is open to all sworn members of the Police Dept., active or retired. **Associate membership** is open to all sworn officers of other agencies -- active or retired -- of any local, state or federal agency. Dues are \$8.00 a month for retired SJPD personnel, \$12.00 for active, and \$12.00 per month for associate members. To join, simply show up on the third Wednesday of the month at the POA Hall after 5:00 p.m. and complete an application. Remember, we were and still are "Comrades in Arms."

PRINT Employee/Retiree/Associate's name: _____

To the San Jose Police Benevolent Association:

Effective _____, I hereby agree to pay dues in the amount of \$72.00 per 6 months (\$48 for retirees) for my membership in the San Jose Police Benevolent Association. I understand that the dues, (if not deducted automatically from my City check in the case of retired or active applicants), will be billed to me on a semi-annual basis by the Secretary of the Association. Dues notices will be mailed on, or about, January 1st and July 1st.

It is further understood that my membership in the San Jose Police Benevolent Association may be terminated by myself by giving the Association a 10 day written notice in advance of the effective termination date. It is also understood that my membership will be terminated upon my non-retirement separation from the San Jose Police Department.

Signature: _____

Street Address: _____ City, State, Zip: _____

Phone: (_____) - _____ Email/Pager: _____

Associate Members please list Agency from which you are Active or Retired: _____

FOR CITY OF SAN JOSE RETIREES ONLY

I hereby authorize the City of San Jose to withhold \$8.00 per month from my monthly retirement check and make same payable to the "San Jose Police Benevolent Association, P.O. Box 148, San Jose, CA 95103

Name: (please print) _____

Social Security No.: _____