



PBA Membership Renewal 2012

FEDERAL AGENTS P.B.A. LOCAL #121
P.O. BOX 355, FRANKLIN, NJ 07416

Dear Member:

Attached is your 2012 Federal Agents P.B.A. Local 121 renewal application. Please print and complete the renewal form, enclose the appropriate payment and mail to:

Federal Agents P.B.A. Local 121
P.O. Box 355, Franklin, NJ 07416.

Federal Agents P.B.A. Local 121 operates on a calendar year basis according to the following revised dues structure:

Active members\$85.00
Retired members\$35.00
Counsel.....\$150.00

Members who remit their dues after January 31, 2012 will not be guaranteed a full allotment of courtesy cards. Thank you for your prompt payment.

E-MAIL ADDRESS

Please include your e-mail address on the application. P.B.A. Local 121 intends to utilize e-mail for all future correspondence with our membership.

WEBSITE

Visit our website: njspba121.org for items of interest pertaining to Federal Agents P.B.A. Local 121, as well as other relevant information...

MEMBERSHIP RESTRICTION

State P.B.A. Regulations prohibit dual membership in the N.J. State P.B.A. and the Fraternal Order of Police (F.O.P.). Any individual holding active membership in the F.O.P. is **barred** from P.B.A. membership.

- Executive Board Federal Agents P.B.A. Local 121



Calendar Year 2012 Dues

PLEASE USE BALL POINT PEN

Member of NAPO

LOCAL 121 DUES ARE BASED ON CALENDAR YEAR

FEDERAL AGENTS PBA LOCAL 121

RENEWAL AND NEW APPLICATION FORM

_____ AGENCY CODE

(See codes)

PLEASE CHECK (2) BOXES

NEW RENEWAL ACTIVE RETIRED

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

AGENCY: _____

TITLE/SERIES: _____

Check here if new address

Please complete and return this form with your remittance to:

Federal Agents PBA Local 121
P.O. Box 355, Franklin, NJ 07416
(973) 209-2000

_____ Mon Day Year

ACTIVE MEMBER DUES: \$85.00
Enclose a copy of SF50 for employment verification.
RETIRED MEMBER DUES: \$35.00
COUNSEL, POLICE SURGEON
AND/OR ADVISOR DUES : \$150.00

AGENCY ADDRESS: _____

AGENCY TELEPHONE NUMBER: _____

CAR SHIELD: (Serial No.) #1. _____
(please list both numbers) #2. _____

MEMBER'S SIGNATURE: _____

DATE: _____

***NOTE: IF THIS IS A NEW APPLICATION, YOU MUST ENCLOSE A COPY OF SF50 FOR EMPLOYMENT VERIFICATION.**

Member's PRINTED Name Date Local No.

NEW JERSEY STATE P.B.A., INC.

Beneficiaries of Member Killed in Performance of Duty

Persons to be paid at insured's death. (Print beneficiary's full legal name, not initials. If more than one beneficiary is named, benefits will be paid "equally, if living; if not living, to the survivor(s)" unless otherwise requested. For example, "To the first beneficiary, if living; if not living, to the second beneficiary, etc.")

NAME	RELATIONSHIP	ADDRESS

_____ Member's Signature

AGENCY CODE	NAME	AGENCY CODE	NAME
100	SECRET SERVICE	137	BUR LAND MGT
101	BATF	138	EPA INVEST
102	US CUSTOMS	139	BUR IND AFF
103	IRS-CID	140	UNIF DIV SECRET SERV
104	IRS-INSP/TIGTA	141	VA OIG
105	US ATTORNEY	142	DEPT OF ED
106	BORDER PATROL	143	DCIS
107	DEA	144	DEPT OF INT
108	FBI	145	FEMA OIG
109	I & NS	146	DOA-FOREST
110	US MARSHAL	147	DEPT TRANS
111	US POSTAL INSP	148	DOE/OIG
112	ACRIC-OIG	149	NRC
113	ARMY CID	150	JUST/OIG
114	DIS	151	DOJ/BOP
115	NIS	152	USN CIV POL
116	AIR FORCE-OSI	153	GSA/FPS
117	DEPT OF COMM	154	COUNSEL
118	DEPT INT F&W	155	POL SURG PBA LOCAL 121
119	DEPT OF LABOR	156	SBA/OIG
120	DEPT OF STATE	157	US ARMY CIV POL
124	GSA OIG	158	OPM/OIG
127	COAST GUARD	159	RR RET BD/OIG
129	AID-IG	161	PBA ADVIS BD
131	HUD	162	SOC SEC/OIG
132	PARK POLICE	163	FDA
133	PAROLE & PROB	164	DHS
134	HHS OIG	165	ICE
135	SEC	166	USPS/OIG
136	POSTAL POLICE	167	FAMS

ENTER E-MAIL ADDRESS, REQUIRED TO RECEIVE MEETING NOTICES.

PLEASE RETURN BOTH COPIES