



Membership Application

Organization/Business:

Contact Name:

Contact Email:

Contact Phone:

Address:

City/State/Zip:

Desired Annual Membership Level:

Keep Florida Beautiful Partner – Gold Sun Level

Keep Florida Beautiful Partner – Silver Palm Level

Keep Florida Beautiful Champion

Keep Florida Beautiful Friend

Please return your completed application to schristy@keepfloridabeautiful.org. We will be in contact with you upon approval by the KFB Board of Directors. Please allow up to two weeks for this process. Thank you!