



Keep Pearland Beautiful Membership Application

Thank you for your interest in becoming a member of Keep Pearland Beautiful. It's people like you who give us a stronger voice in the community and help us fulfill our vision of making Pearland the cleanest and most beautiful city in Texas!

Individual/Household Membership is \$50/year and Business Membership is \$250/year. Individual members can gift a membership to anyone for only \$10 each. We will be rolling out benefits for members throughout the year. Benefits include discounts at KPB events, discounts at local businesses and special promotions. Keep Pearland Beautiful is a 501(c)3 nonprofit organization. Your donation is tax-deductible to the extent allowed by law.

Please fill out the following information for our membership records.

Type of Membership:

Individual/Household Business Date of Application: _____

Contact Name (First & Last): _____

Name for Recognition: _____
(i.e. John Smith, John & Jane Smith, The Smith Family, The Smith Company)

Address: _____ City & Zip: _____

Mobile Phone: _____ Home Phone: _____

Email address: _____

Shirt Size (S-2XL): _____ Shirt Size (S-2XL): _____ (2nd Shirt Business Members Only)

If your employer has a company match, please submit appropriate form with membership application.

Household Membership (\$50): \$ _____

Business Membership (\$250): \$ _____

*Gift Memberships: ____ x \$10 = \$ _____

Additional Donation: \$ _____

Total: \$ _____

To pay by credit card:
Name: _____
Card #: _____
Exp.: _____ CSC: _____

Checks can be sent with this form to:
Keep Pearland Beautiful
5800 Magnolia Parkway
Pearland, TX 77584
Call (281) 489-2795 for assistance

**Gift Membership information can be filled out on the back of this form.*



Keep Pearland Beautiful Membership Application

Gifted Membership #1

Name: _____

Address: _____ City & Zip: _____

Phone: _____ Email: _____

Gifted Membership #2

Name: _____

Address: _____ City & Zip: _____

Phone: _____ Email: _____

Gifted Membership #3

Name: _____

Address: _____ City & Zip: _____

Phone: _____ Email: _____

Gifted Membership #4

Name: _____

Address: _____ City & Zip: _____

Phone: _____ Email: _____

Gifted Membership #5

Name: _____

Address: _____ City & Zip: _____

Phone: _____ Email: _____

Be sure to fill in all known information and let them know about your gift. Keep Pearland Beautiful will send a letter to each gifted member acknowledging your gift. Thank you for your support to Keep Pearland Beautiful and helping us reach more people!

For Office Use Only: ENT: _____ CC: _____ TY: _____ PMT: _____ REC: _____