

# Florida Recycling Partnership Membership Application

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Payment Information – Annual Dues \$2,500:

### Checks (payable to Florida Recycling Partnership) or Credit Card

Visa

MasterCard

American Express

Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Questions/Comments: \_\_\_\_\_

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