

RPN Membership Enrollment Form

Name:	Return to	
Title:		
Organization:	Email: membership@responsiblepurchasing.org	
Email: Phone:	Call: 510-547-5475	
Address:	Fax: 510-217-4131	
City: State:	 Mail: Responsible Purchasing Network 1201 Martin Luther King Jr. Way 	
Zip:	— Oakland, CA 94612	
How did you hear about RPN?		
	—	

Annual Membership Dues (1/2/3 year rate) Check appropriate box 1 year 2 year 3 year

ek appropriate box	i year	2 year	Sycar
Federal Agency	□ \$500	□ \$950	□ \$1,350
State Agency (based on population)			
5 million or less	□ \$250	□ \$475	□ \$675
More than 5 million	□ \$500	□ \$950	□ \$1,350
Municipal Agency (based on population)			
15,000 or less	□ \$250	□ \$475	□ \$675
15,001-250,000	□ \$350	□ \$665	□ \$945
More than 250,000	□ \$500	□ \$950	□ \$1,350
Educational Institution (based on student population)			
5,000 or less	□ \$250	□ \$475	□ \$675
More than 5,000	□ \$500	□ \$950	□ \$1,350
Student and Nonprofit			
Nonprofit organization	□ \$175	□ \$330	□ \$470
Student	□ \$50	□ \$95	□ \$135
Business Membership (based on annual sales)			
Less than \$10 million	□ \$350	□ \$665	□ \$945
\$10 million - \$100 million	□ \$500	□ \$950	□ \$1,350
\$101 million - \$1 billion	□ \$700	□ \$1,330	□ \$1,890
More than \$1 billion	□ \$1,500	□ \$2,850	□ \$4,050

Membership Pledge

(Please sign below. Commitment to the RPN pledge is required.)

"I pledge that my organization will strive to use its purchasing power to maximize environmental stewardship, protect human health, and support local and global sustainability."

Your signature _____

Date _____

Method of Payment

□ Check* □ Credit Card □ Money Order* * Checks and money orders must be made payable to: The Responsible Purchasing Network

 \Box Visa \Box MasterCard \Box American Express

Name

Credit Card Number_____

Expiration Date (month, year)_____

Billing Address

City____

State Zip

Signature_____