

RPN Gift Membership Enrollment Form



Your Name: _____
 Your Email: _____
 Your Phone: _____
 Your Address: _____

City: _____ State: _____ Zip: _____

How did you hear about RPN?

Recipient Organization: _____
 Contact Name (if known): _____
 Recipient Email: _____
 Recipient Phone: _____
 Recipient Address: _____

City: _____ State: _____ Zip: _____

Annual Membership Dues (1/2/3 year rate)

Check appropriate box	1 year	2 year	3year
• Federal Agency	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
• State Agency (based on population)			
5 million or less	<input type="checkbox"/> \$250	<input type="checkbox"/> \$475	<input type="checkbox"/> \$675
More than 5 million	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
• Municipal Agency (based on population)			
15,000 or less	<input type="checkbox"/> \$250	<input type="checkbox"/> \$475	<input type="checkbox"/> \$675
15,001-250,000	<input type="checkbox"/> \$350	<input type="checkbox"/> \$665	<input type="checkbox"/> \$945
More than 250,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
• Educational Institution (based on student population)			
5,000 or less	<input type="checkbox"/> \$250	<input type="checkbox"/> \$475	<input type="checkbox"/> \$675
More than 5,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
• Student and Nonprofit			
Nonprofit organization	<input type="checkbox"/> \$175	<input type="checkbox"/> \$330	<input type="checkbox"/> \$470
Student	<input type="checkbox"/> \$50	<input type="checkbox"/> \$95	<input type="checkbox"/> \$135
• Business Membership (based on annual sales)			
Less than \$10 million	<input type="checkbox"/> \$350	<input type="checkbox"/> \$665	<input type="checkbox"/> \$945
\$10 million - \$100 million	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
\$101 million - \$1 billion	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1,330	<input type="checkbox"/> \$1,890
More than \$1 billion	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,850	<input type="checkbox"/> \$4,050

Method of Payment

Check* Credit Card Money Order*
 * Checks and money orders must be made payable to:
The Center for a New American Dream

Visa MasterCard American Express

Name _____
 Credit Card Number _____
 Expiration Date (month, year) _____
 Billing Address _____

 City _____
 State _____ Zip _____
 Signature _____

Return to:

Email: rpn@newdream.org

Phone: 301-891-3683

Fax: 301-891-3684

Mail: Responsible Purchasing Network
 c/o Center for a New American Dream
 6930 Carroll Avenue, Suite 900
 Takoma Park, MD 20912