RPN Gift Membership Enrollment Form



Your Name:					
Your Email:					
Your Phone:					
Your Address:					
City:			State:	Zip:	
How did you hear abou	t RPN?				
Recipient Organization	on:				
Contact Name (if kno	wn):				
Recipient Email:					
Recipient Phone:					
Recipient Address:					
City:			State:	Zip:	
Annual Membership Check appropriate box • Federal Agency \$\sigma\$ \$500	1 year	2 year	ear rate) 3year	Method of Payment □ Check* □ Credit Card □ Money Order* * Checks and money orders must be made payable to: The Responsible Purchasing Network	
• State Agency (based on population)				□ Visa □ MasterCard □ American Express	
5 million or less	□ \$250	□ \$475	□ \$675	Name	
More than 5 million	□ \$500	□ \$950	□ \$1,350	Credit Card Number	
• Municipal Agency (based on population)				Expiration Date (month, year)	
15,000 or less	□ \$250		□ \$675	Billing Address	
15,001-250,000	□ \$350	□ \$665	□ \$945	·	
More than 250,000	□ \$500	□ \$950	□ \$1,350	City	
• Educational Institution (based on student population)				StateZip	
5,000 or less			_	Signature	
More than 5,000					
• Student and Nonprofit				Return to:	
Nonprofit organization	□ \$175	□ \$330	□ \$470		
Student	□ \$50	□ \$95	□ \$135	Email: rpn@newdream.org	
				Phone: 510-547-5475	
Business Membership (based on annual sales) Lead of the control of the cont				Mail: Responsible Purchasing Network	
Less than \$10 million	□ \$350	□ \$665	□ \$945	1201 Martin Luther King Jr. Way Oakland, CA 94612	
\$10 million - \$100 million		□ \$950	□ \$1,350		
\$101 million - \$1 billion	□ \$700 □ \$1.500		□ \$1,890 □ \$4,050		
More than \$1 billion	⊔ ⊅1,500	\Box \$2,850	⊔ ჶ4,∪ე∪		