



RPN Membership Renewal Form

Name: _____
 Title: _____
 Organization: _____

 Email: _____
 Phone: _____
 Address: _____

 City: _____ State: _____
 Zip: _____

Thank you for your membership renewal!

Email: membership@responsiblepurchasing.org

Call: 510-547-5475

Mail: Responsible Purchasing Network
1440 Broadway, Suite 901
Oakland, CA 94612

Annual Membership Dues

Check box	1 year	2 year	3 year
- Federal Agency	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
- State Agency (by 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 (by 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 (by 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
- Corporate Membership (annual sales)			
Less than \$10 MM	<input type="checkbox"/> \$350	<input type="checkbox"/> \$665	<input type="checkbox"/> \$945
\$10 MM - \$100 MM	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,350
\$101 MM- \$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

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.”

Signature _____

Date _____

Method of Payment

Check* Credit Card Paypal

* Checks payable to:

SEE (Social and Environmental Entrepreneurs) with RPN in the memo line.

Visa MasterCard American Express

Name _____

Credit Card Number _____

Expiration Date (MM/YYYY) _____

Credit Card Security Code _____

Billing Address _____

City _____

State _____ Zip _____

Signature _____