RPN Membership Renewal Form

Name: ____________________________  
Title: ____________________________  
Organization: ____________________________

Email: ____________________________  
Phone: ____________________________  
Address: ____________________________

City: ____________________________  State: ____________________________

Annual Membership Dues  
Check box  1 year  2 year  3 year

- Federal Agency  □ $500 □ $950 □ $1,350
- State Agency (by population)
  5 million or less  □ $250 □ $475 □ $675
  More than 5 million  □ $500 □ $950 □ $1,350
- Municipal Agency (by 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 (by 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
- Corporate Membership (annual sales)
  Less than $10 MM  □ $350 □ $665 □ $945
  $10 MM - $100 MM  □ $500 □ $950 □ $1,350
  $101 MM - $1 billion  □ $700 □ $1,330 □ $1,890
  More than $1 billion  □ $1,500 □ $2,850 □ $4,050

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

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 ____________________________