

**MEMBERSHIP FORM**

Institution: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Alternate Phone (cell, pager, etc.): \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Membership Category:**

College/University: \$500.00/yr      Independent School (Elem or Secondary): \$250.00/yr  
Public School or District: \$250.00/yr      Hospital: \$200.00/yr  
Private Firm: \$250.00/yr

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_ or  
Visa or M/C No.: \_\_\_\_\_ Exp: \_\_\_\_\_ or  
Request IRN to Invoice: \_\_\_\_\_

Mail form with check, P.O., or CC info to:

***Institution Recycling Network  
7 South State St., Suite 2  
Concord, NH 03301***

**Or you may fax the membership form to IRN at 603-229-1960**