



MEMBERSHIP ENROLLMENT FORM

APPLICANT INFORMATION

Name of Entity:

Contact Person:

Title:

Address:

City:

State:

ZIP Code:

Phone:

Email:

Type of Entity. *Please select one:* Federal Government Agency State Government Agency
 County City, Town, or Village Other local government agency Public School District
 Nonprofit Entity Other:

INFORMATION REGARDING APPLICANT'S PROCUREMENT ACTIVITIES

Amount of apparel procured annually:

Type of apparel procured:

Primary method of procuring apparel (e.g., competitive procurement or one on one contracting):

Other products to which sweatfree purchasing policy apply:

Amount of those products procured annually:

INFORMATION REGARDING APPLICANT'S SWEATFREE ACTIVITIES

Has the entity adopted a sweatfree procurement policy? Yes No

If not, is the entity working towards a sweatfree procurement policy? Yes No

Please explain the status of those efforts:

If yes, would the entity be willing to share the policy with the Consortium? Yes No

The Consortium welcomes members' active involvement on committees and in leadership positions. Would a representative of the entity be interested in serving in a leadership capacity or on one of the Consortium's committees (including Membership, Communications, and Program & Compliance committees)? Yes No

PLEASE TURN OVER

MEMBERSHIP DUES

Enclosed herewith please find payment in the amount of \$500 for payment of the first year of membership dues. **Payment method:**

Check or Money Order (payable to Sweatfree Purchasing Consortium)

Credit/Debit Card Card Type (American Express, Discover, Mastercard, Visa):

Card Number: Exp. Date (MM/YY): Security Code:

Name on the Account:

Billing Address:

Signature: Date:

MEMBERSHIP CERTIFICATION

The _____ (enter name of entity) certifies that it supports the mission and purpose of the Consortium.

By:

Title: Date:

MISSION

The mission of the Sweatfree Purchasing Consortium is to end public purchasing from sweatshops and help its members make sweatfree purchases more effectively and less expensively than any single one could accomplish on its own.

PURPOSE

The Sweatfree Purchasing Consortium is organized exclusively for educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. The Consortium’s purpose is to coordinate and represent public officials and others who seek to ensure that taxpayer dollars are not spent on products made in sweatshops. The Consortium serves as a coordinating body and resource center for public entities and other organizations that share this goal by sharing information and providing forums for collaboration in order to improve the economy and efficiency of procurement policies designed to eliminate sweatshop labor from supply chains.

Please return this form and payment to:

Mail: Sweatfree Purchasing Consortium
30 Blackstone Street, Bangor, ME 04401
Fax:207-433-1600
Email: contact@buysweatfree.org

Membership number.

For Consortium use. Please leave blank.

For more information, call (207) 262-7277 or email contact@buysweatfree.org

THANK YOU FOR YOUR APPLICATION