



INTERNATIONAL  
ECONOMIC DEVELOPMENT  
COUNCIL

**AEDO  
REACCREDITATION APPLICATION**

Name of Organization \_\_\_\_\_

Name & Title of IEDC contact member within organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Have there been major organizational changes (staff leadership, mission, budget, IRS status) since your last accreditation/reaccreditation? \_\_\_\_\_

**FEES:** Fees for reaccreditation are based on the current annual budget of the organization seeking reaccreditation and whether or not the organization is a member of IEDC.

Please indicate below your organization's annual budget and enclose a check in the correct amount. If your organization does not meet the reaccreditation requirements, your check will be refunded.

**Reaccreditation Fee \***

Organization Size	Member/Non-Member	
_____ Under \$150,000	\$700	\$1080
_____ \$150,000 - \$299,999	\$800	\$1200
_____ \$300,000 - \$499,999	\$900	\$1440
_____ \$500,000 - \$749,999	\$1100	\$1680
_____ \$750,000 - \$999,999	\$1200	\$1800
_____ \$1,000,000 - \$1,999,999	\$1400	\$2160
_____ \$2,000,000 - \$2,999,999	\$3000	\$4200
_____ \$3,000,000 - \$3,999,999	\$3500	\$4800
_____ \$3,000,000 - \$3,999,999	\$4000	\$5400
_____ Above \$5 million	\$4500	\$6000

\* Fees are based on 3 Year Period

**RETURN THIS FORM WITH THE REQUIRED DOCUMENTATION AND FEE TO:**

AEDO Program  
Attn: Tye Libby  
International Economic Development Council  
734 15<sup>th</sup> Street NW, Suite 900  
Washington, DC 20005

Fee Enclosed \$ \_\_\_\_\_

Charge to:

VISA, MasterCard, AMEX, Discover – CARD # \_\_\_\_\_ Expiration Date \_\_\_\_\_

*In submitting this application, I fully understand that it is an application for AEDO reaccreditation purposes only. I will execute the necessary documents and supply further information, as determined by IEDC, if needed. I further understand—and by my signature attest—that the information contained in this application is true and correct, and that any false statement or misrepresentation that I may make in the course of these proceedings may result in the revocation of my organization's AEDO status.*

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