



INTERNATIONAL
ECONOMIC DEVELOPMENT
COUNCIL

The Power of Knowledge and Leadership

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Washington, DC 20005
Phone: (202) 223-7800
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Email: membership@iedconline.org

MEMBERSHIP APPLICATION

Organization: _____ Mailing

Address: _____ City:

State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Primary Contact Name: _____ Title:

Telephone: _____ Fax: _____

E-mail: _____

Membership Level: _____ Dues: \$ _____

Before entering payment information, if additional members are included on your membership roster, please provide their information on the next page

Method of Payment: _____

Check Number: _____ Purchase Order Number: _____

(A copy of the actual purchase order must be accompanied with the application)

Credit Card: Please mark type of Card and then fill out the necessary information

Visa

MasterCard

American Express

Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Promotional Code: _____

See next page for Secondary Contacts and Additional Member additions

Additional Contacts: Please fill out information below if applicable to your organizations level of membership.

(See membership dues structure: example - Public Agency: 500,00 - 999,999 allows 4 people to be on the member roster (AM) - no additional charge)

Additional Members (SA) beyond what the organizations level allows for is \$185 per additional member.

Name: _____ Name: _____ Title: _____
Title: _____ Telephone: _____ Telephone: _____
E-mail: _____ E-mail: _____ Membership
Type: _____ Membership Type: _____
Dues: \$ _____ Dues: \$ _____

Name: _____ Name: _____ Title: _____
Title: _____ Telephone: _____ Telephone: _____
E-mail: _____ E-mail: _____ Membership
Type: _____ Membership Type: _____
Dues: \$ _____ Dues: \$ _____

Name: _____ Name: _____ Title: _____
Title: _____ Telephone: _____ Telephone: _____
E-mail: _____ E-mail: _____ Membership
Type: _____ Membership Type: _____
Dues: \$ _____ Dues: \$ _____

Name: _____ Name: _____ Title: _____
Title: _____ Telephone: _____ Telephone: _____
E-mail: _____ E-mail: _____ Membership
Type: _____ Membership Type: _____ Dues: \$ _____
Dues: \$ _____



ED Research Partner	Yearly Dues	Number of Members
EDRP	\$5,500	8
Public Agency (Population)	Dues	Members
Under 100,000	\$420	1
100,000-199,999	\$610	2
200,000-499,999	\$975	3
500,000-999,999	\$1,410	4
Over 1,000,000	\$1,700	5
Utility (E.D. Budget)	Dues	Members
Under \$250,000	\$420	1
\$250,000-\$749,999	\$610	2
\$750,000-\$1,249,999	\$975	3
\$1,250,000-\$1,499,999	\$1,410	4
Over \$1,500,000	\$1,700	5
Non Profit (Operating Budget)	Dues	Members
Under \$250,000	\$420	1
\$250,000-\$749,999	\$610	2
\$750,000-\$1,249,999	\$975	3
\$1,250,000-\$4,999,999	\$1,410	4
Over \$5,000,000	\$1,700	5
Consultants (E.D. Billing)	Dues	Members
Sole Practitioner or Under \$250,000	\$420	1
\$250,000-\$499,999	\$610	2
\$500,000-\$999,999	\$975	3
Over \$1,000,000	\$1,410	4
Private	Dues	Members
PRI	\$1,410	4
Institution	Dues	Members
INS	\$420	1
Additional Member	Dues	Members
SA	\$185	1
Student	Dues	Members
STU	\$60	1
Members in Transition	Dues	Members
MIT	\$125	1
Retired	Dues	Members
RM	\$105	1