

**AEDO ACCREDITATION APPLICATION**

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

Name & Title of Organizational Contact \_\_\_\_\_

Address \_\_\_\_\_

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

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

**FEES:** Accreditation fees are based on the current annual budget of the organization seeking accreditation and whether or not the organization is a member of IEDC. The Accreditation Fee covers the three-year accreditation period.

Please indicate below your organization's annual budget and enclose a check in the correct amount. If your organization does not meet the accreditation requirements, your check will be refunded. Also, please be sure to include the additional nonrefundable \$300 application fee (\$330 for state organizations).

**Accreditation Fee**

<u>Organization Size</u>	<u>Member</u>	<u>Non-Member</u>
_____ Under \$150,000	\$1,320	\$1,650
_____ \$150,000 - \$299,999	\$1,430	\$1,870
_____ \$300,000 - \$499,999	\$1,650	\$2,200
_____ \$500,000 - \$749,999	\$1,980	\$2,970
_____ \$750,000 - \$999,999	\$2,420	\$3,520
_____ \$1,000,000 - \$1,999,999	\$2,860	\$4,180
_____ \$2,000,000 - \$2,999,999	\$5,390	\$7,920
_____ \$3,000,000 - \$3,999,999	\$6,820	\$10,010
_____ \$4,000,000 - \$4,999,999	\$7,480	\$11,000
_____ Above \$5 million	\$8,140	\$11,990
_____ State Population under 3 million	\$7,700	\$11,550
_____ State Population between 3 and 10 million	\$9,900	\$14,850
_____ State Population over 10 million	\$12,100	\$18,150

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

AEDO Program  
Attn: Dana Crater  
International Economic Development Council  
734 15<sup>th</sup> Street NW, Suite 900  
Washington, DC 20005  
dcrater@iedconline.org

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

Charge to:  
VISA, MasterCard, AMEX CARD # \_\_\_\_\_ Expiration Date \_\_\_\_\_

*I fully understand that it is an application for AEDO accreditation 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 on 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 revocation of my organization's AEDO status.*

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