



Accredited Economic Development Organization Program Accreditation Application Form

Introduction:

How would you like the organization’s name listed on the plaque, announcements, and the List of AEDOs?

Name & Title of Organizational Contact _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Email Address _____

Accreditation Fee: Accreditation fees are based on the current annual operational budget of the organization seeking accreditation and whether or not the organization is a member of IEDC. Organizations with more than five full time employees must maintain organizational membership status to receive the member rates. Organizations with five or fewer employees need to have a minimum of one individual membership to receive the member rate. The Accreditation Fee covers the three-year accreditation period. Please indicate below your organization’s annual budget and enclose a check or submit credit card information for the correct amount.

Organization Size	Member	Non-Member
_____ 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

Application Fee: There is a one-time non-refundable application fee of \$300 (or \$330 for state-level Organizations) due at application submission.

Total Fees: \$ _____

How are you paying? _____ Check _____ Credit Card (you will receive an email with a link for credit card payment)

Please email this form with your organization’s logo and documentation to aedo@iedconline.org

Please mail checks with a copy of this form to:

AEDO Program
International Economic Development Council
1275 K Street NW, Suite 300
Washington DC 20005

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 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 _____