Accredited Economic Development Program Reaccreditation 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 _____

Reaccreditation Fee: Reaccreditation 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 Reaccreditation Fee covers the three-year accreditation period. Please indicate below your organization's annual operational budget and enclose a check or submit credit card information for the correct amount.

Organization Size	Member	Non-Member
_____Under $150,000	$880	$1,320
_____$150,000 - $299,999	$990	$1,430
_____$300,000 - $499,999	$1,100	$1,650
_____$500,000 - $749,999	$1,320	$1,980
_____$750,000 - $999,999	$1,430	$2,090
_____$1,000,000 - $1,999,999	$1,760	$2,640
_____$2,000,000 - $2,999,999	$3,630	$4,950
_____$3,000,000 - $3,999,999	$4,345	$5,830
_____$4,000,000 - $4,999,999	$4,950	$6,490
_____Above $5 million	$5,500	$7,150
_____State Population under 3 million	$5,005	$6,655
_____State Population between 3 and 10 million	$6,435	$8,580
_____State Population over 10 million	$8,030	$10,450

Fee Amount: $_____

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

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

Submission: Please email this application form with the organization's current logo and documentation to aedo@iedconline.org.

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_____