

# MEMBERSHIP FORM



202.349.4259 | ACCSES.ORG

<b>Enrollment Date</b>	<input type="text"/>
<b>Main Contact Name</b>	<input type="text"/>
<b>Association/Agency</b>	<input type="text"/>
<b>Billing Address</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/>
<b>Main Contact Email Address</b>	<input type="text"/>
<b>Billing Email Address</b>	<input type="text"/>



**YES** I participate in the AbilityOne Program and would like to be included in the ACCSES AbilityOne Committee.
   
 **NO**

**ACCSES DUES** \* ACCSES member dues based on organization revenue.

Member Category	Provider Dues	DUES
<input type="checkbox"/>	\$0-999,999	\$900
<input type="checkbox"/>	\$1M-1,999,999	\$1,800
<input type="checkbox"/>	\$2M-4,999,999	\$3,600
<input type="checkbox"/>	\$5M-9,999,999	\$6,600
<input type="checkbox"/>	\$10M-14,999,999	\$7,200
<input type="checkbox"/>	\$15M - 19,999,999	\$7,800
<input type="checkbox"/>	\$20M-29,999,999	\$8,400
<input type="checkbox"/>	\$30M - 39,999,999	\$9,000
<input type="checkbox"/>	\$40M - 49,999,999	\$9,600
<input type="checkbox"/>	\$50M - 74,999,999	\$10,200
<input type="checkbox"/>	\$75M - 99,999,999	\$10,800
<input type="checkbox"/>	\$100M +	\$11,400

	State Associations	DUES
<input type="checkbox"/>	\$0-499,999	\$6,300
<input type="checkbox"/>	\$500,000 - 999,999	\$6,600
<input type="checkbox"/>	\$1M+	\$6,900

**PAYMENT OPTIONS** (CHECK ONE)

Monthly   
  Quarterly   
  Annually

Enclosed Payment \$

Return Form and Payment to:

ACCSES  
 1501 M STREET NW, 7TH FLOOR  
 WASHINGTON, DC 20005