

MEMBERSHIP FORM



202.349.4259 | ACCSES.ORG

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