




ACCSES NEW MEMBERSHIP FORM

Enrollment Date	
Main Contact Name	
Association/Agency	
Billing Address	
Telephone	
Fax	
Email Address	
	I participate in the AbilityOne Program and would like to be included in the ACCSES AbilityOne Division. Yes No
Please bill me at the following rate (check one)	
	State Association - \$6,000
	Organization with budget of \$5M or above - \$6,000
	Organization with budget of \$5M or less - \$3,600
Payment Options (check one)	
	Monthly
	Quarterly
	Annually
Enclosed Payment	\$

Return form and Payment to: Laurie Blair at the address below

