

MICROBIZNY

Check here if you are a rejoining organization. You are eligible for a \$50 reduction in the member rate below.

Organization Contact Information

Organization Name: _____

Acronym (if any): _____

Mailing Address: _____

City, State, Zip: _____

Main Phone: _____

Main Fax: _____

Website: _____

Primary Contact Information

Name: _____

Title: _____

Phone: _____

Email: _____

Organization Type

Please choose the one that best describes your organization:

___ Non-profit Service

___ Individual

___ Provider

___ Corporation

___ Government Agency

___ Association

___ Consortium/Coalition

___ Other (please list) _____

Are you a microenterprise service provider?

(Do you provide services such as training, consulting, or microloans to new, prospective, or experienced small business owners?)

Yes ___ No ___

Payment Information

- Interested Party/Consultant (\$75)
- Non-profit organization with budget under \$500,000 (\$150)
- Non-profit organization with budget of more than \$500,000 (\$250)
- Governmental Agency (\$250)
- Sponsoring Organization (\$500)

Payment Method: Check (made out to ACCORD CORP)

please mail your application and check to ACCORD CORP. 84 Schuyler Street, Belmont, NY 14813

For additional information call Trevor Davis 877-318-84