

# EUROPEAN CAMPUS CARD ASSOCIATION

## MEMBERSHIP APPLICATION FORM



Membership of the Association is for all levels of Educational Institutions of the Member States of the European Union and other European Countries

### Section 1: Educational Member Details:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Representative: \_\_\_\_\_ Position Held: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

#### Additional Representatives:

Name of Representative: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Section 2: Educational Institution Details:

Please state the number of full-time students attending the Institute:

Please give any brief details of the Institute's Campus Card System (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3: Payment Details - Payment by Invoice: Annual Membership Fee per Institution: €100.00

Your Purchase Order No.: \_\_\_\_\_

Please provide details of who this Invoice should be sent to:

Name of Representative: \_\_\_\_\_ Email: \_\_\_\_\_

*Email Your Membership Form To: Ms. Sinead Nealon, Secretary General, European Campus Card Association*

*Email: [snealon@ecca.eu](mailto:snealon@ecca.eu) or [info@ecca.eu](mailto:info@ecca.eu)*