



EUROPEAN CAMPUS CARD ASSOCIATION



MEMBERSHIP APPLICATION

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: 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 or Credit Card:

Annual Membership Fee for the ECCA per Institution: **€100.00**

Invoice should be sent to: _____

Credit Card Type: _____

Card No:

Expiry Date: _____

Name of Cardholder: _____

Signature: _____

Amount Due (€): _____

Mail To: *Ms. Sinead Nealon, European Campus Card Association,
Waterford Institute of Technology, Waterford, Ireland.*

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