

EUROPEAN CAMPUS CARD ASSOCIATION

SERVICE PROVIDER

MEMBERSHIP APPLICATION FORM



Section 1: Company Details:

Name of Company: _____

Address: _____

Postal Code: _____ Country: _____

Primary Representative: _____ Position Held: _____

Telephone: _____ Fax: _____

Email Address: _____ Corporate Website: _____

Additional Representatives:

Name of Representative: _____ Email Address: _____

Name of Representative: _____ Email Address: _____

Section 2: Additional Company Information:

Please state the number of people employed:

Please give any brief details of Company's products/services provided:

Section 3: Payment Details - Payment by Invoice: Annual Membership Fee per Company: €900.00

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, Executive Director, European Campus Card Association

Email: snealon@ecca.eu or info@ecca.eu