

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: €150.00

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