



EUROPEAN CAMPUS CARD ASSOCIATION



CORPORATE ASSOCIATE

MEMBERSHIP APPLICATION

Section 1: Corporate Member 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: Company Details:

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 or Credit Card:

Annual Membership Fee for the ECCA per Company: **€900.00**

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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Email: info@ecca.eu

Website: www.ecca.eu