



ECA Membership Application

Complete form and return via mail or fax to
Mail: European Compliance Academy (ECA), P.O. Box 10 21 68, 9011 Heidelberg, Germany
Fax: +49 6221 84 44 34

MEMBERSHIP TYPE (PLEASE SELECT ONE)

- Individual Membership (€ 190.-)
 Company Membership (<100 employees: € 990.-; 100-500 employees: €1,490.-; >500 employees: € 1,990.-)

INDIVIDUAL MEMBERSHIP (PLEASE PRINT IN CAPITAL LETTERS)

- Mr Ms Dr

Name (First Name, Last Name)

Company / Department / Building No.

Street / P.O. Box

City / Postal Code / Country

Phone / Fax

E-Mail

FIELDS OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> Quality Assurance / GMP Compliance | <input type="checkbox"/> Pharmaceutical Technology / Engineering |
| <input type="checkbox"/> Analytical Quality Control | <input type="checkbox"/> Pharmaceutical Development |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Biotechnology |
| <input type="checkbox"/> Active Pharmaceutical Ingredient (API) | <input type="checkbox"/> Herbal Drugs |
| <input type="checkbox"/> Excipients | <input type="checkbox"/> Computer Validation |
| <input type="checkbox"/> Aseptic Processing | <input type="checkbox"/> Validation |

COMPANY MEMBERSHIP (PLEASE PRINT IN CAPITAL LETTERS)

Company

No. of employees

Name (First Name, Last Name) / Department

Street / P.O. Box

City / Postal Code / Country

Phone / Fax

E-Mail

INVOICE INFORMATION (if invoice address deviates from address specified above)

Company / Department

VAT No.

c/o Mr Ms Dr

Name (First Name, Last Name)

Street / P.O. Box

City / Postal Code / Country

Phone / Fax

E-Mail

SIGNATURE

Signature _____ Date _____

The annual membership period is based on the calendar year.