



European Certification &
Qualification Association

European Certification and Qualification Association
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Let's join our strengths together!

ECQA® Associate Membership Application

By agreeing to the read statutes of the ECQA® Association¹, I am applying for an associate membership.

Lastname	
Firstname	
Academic Title	
Position	
Telephone	
E-mail	
Address	
Postcode	
City/Town	
Country	

Name of the organisation in national language (full and abbreviated if applicable)	
Name of the organisation in EN (if available)	
Short description of the organisation (optional)	
Accession date	

<Signature and stamp of applicant>

<Name of the applicant>

Annex_ECQA®_Statutes_2021_en

For ECQA® Guidelines and Quality Standards please refer to the download centre of www.ecqa.org

¹ Annex_ECQA_Statutes_2021_en

