

APPLICATION FOR MEMBERSHIP

EUROPEAN INSTITUTE FOR COMMERCIAL COMMUNICATIONS EDUCATION (edcom)

School Name:	
Type of Establishment:	
Name of Degree(s):	
Contact Name:	
Position:	
Contact Email Address:	
School Postal Address:	
School Invoicing Address: (if different from above)	
V.A.T. Number (if existent):	
Tel. Number:	
Fax. Number:	
Website address:	

I, the undersigned, confirm that I wish to apply for membership of the European Institute for Commercial Communications Education (edcom) on behalf of my school and that I am authorised by them to enter into this agreement.

I confirm that I have read and understood edcom's Articles of Association and agree to abide by them. [Please click here to read through edcom's Articles of Association.](#)

I understand that membership fees are payable annually and that our fee, as for all members of edcom, will be 950€.

Name:	
Position:	
Signature:	
Date:	

HISTORY, VALUES, TEACHING METHODS

DESCRIPTION OF DEGREE(S) RELEVANT FOR MEMBERSHIP
