





**Application for certification under ISO 8000-110:2009 as an  
ECCMA Master Data Quality Manager (MDQM™)**

<b>Application for Certification (please print clearly)</b>		
Organization Name and Address: <i>As you wish it to appear on the certificate, including full mailing address:</i>		
Full Name of each Individual(s) Receiving Certificate or Renewing <i>(including Mr. Mrs. Ms. Dr.):</i> <i>Please use the number 1 spot for first complimentary individual, however if renewing please use any spot to state those individuals renewing there certification.</i>		
1. 2. 3.		
Email Address (for each individual):		
1. 2. 3.		
Telephone Number (for each individual):		
1. 2. 3.		
<i>*Any additional individuals please provide on another application form.</i>		
<b>Payment</b>	<b>Total Amount</b>	<b>\$</b>
<input type="checkbox"/> By check or money order made payable to ECCMA, <i>(checks must be in U.S. dollars drawn on a U.S. bank)</i> * For all wire transfers, a fee of \$25.00 should be added to the total amount		
<input type="checkbox"/> By credit card <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express		
Card number: ..... Security code.....		
Expiry date: ...../.....Cardholder's name: .....		
_____ Signature	_____ Date	

Submit to: ECCMA  
 2980 Linden St, Suite E2  
 Bethlehem, PA 18017 USA  
 Fax: +1 610 625 4657 ■ email: melissa.scheib@eccma.org ■ Phone: +1 610 861 5990    v02082010

**For Office Use:**  
 \_\_\_\_\_ Sent Invoice    \_\_\_\_\_ India    \_\_\_\_\_ Accountant    \_\_\_\_\_ Update Spreadsheets    \_\_\_\_\_ Update Website    \_\_\_\_\_ Sent Logo    \_\_\_\_\_ Mailed Certificate