



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

Qualifications

ECCMA will certify and register that a Master Data Manager is compliant with ISO 8000-110:2009 by verifying that they have demonstrated the ability to:

- ☒ create master data requirement statements as Identification Guides in eOTD-i-xml
- ☒ generate queries for master data in eOTD-q-xml
- ☒ read master data in eOTD-r-xml

The certificate and registration is valid for one year and must be renewed annually.

Certification and Registration Fees

Amount \$

Please mark appropriate boxes below.

COMPANY CERTIFICATION (INCLUDES 1 COMPLIMENTARY INDIVIDUAL):

- ☐ **ECCMA Associate Member** \$500.00
- ☐ **ECCMA Full or Charter Member** Complimentary with membership
- ☐ **Non ECCMA Member** \$1,000.00

ADDITIONAL INDIVIDUAL(S) FROM SAME COMPANY:

Number of Additional Individuals: _____

- ☐ **ECCMA Associate Member** \$150.00 per person
- ☐ **ECCMA Full or Charter Member** 5 Complimentary with membership
 - ☐ **More than 5 Individuals** \$140.00 per additional person
- ☐ **Non ECCMA Member** \$200.00 per person

Renew Certificate Fees

Amount \$

ANNUAL COMPANY RENEWAL:

- ☐ **ECCMA Associate Member** \$150.00
- ☐ **ECCMA Full or Charter Member** \$100.00
- ☐ **Non ECCMA Member** \$200.00

ANNUAL INDIVIDUAL(S) RENEWAL:

Number of Individuals: _____

- ☐ **ECCMA Associate Member** \$75.00 per person
- ☐ **ECCMA Full or Charter Member** \$50.00 per person
- ☐ **Non ECCMA Member** \$100.00 per person

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



**Application for certification under ISO 8000-110:2009 as an
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Application for Certification (please print clearly)

Organization Name and Address:

As you wish it to appear on the certificate, including full mailing address:

Full Name of each Individual(s) Receiving Certificate or Renewing (*including Mr. Mrs. Ms. Dr.*):

Please use the number 1 spot for first complimentary individual, however if renewing please use any spot to state those individuals renewing there certification.

1.

2.

3.

Email Address (for each individual):

1.

2.

3.

Telephone Number (for each individual):

1.

2.

3.

**Any additional individuals please provide on another application form.*

Payment

Total Amount

\$

☐ By check or money order made payable to ECCMA, (*checks must be in U.S. dollars drawn on a U.S. bank*)

** For all wire transfers, a fee of \$25.00 should be added to the total amount*

☐ By credit card

☐ Mastercard

☐ Visa

☐ American Express

Card number: Security code:.....

Expiry date:/.....Cardholder's name:

Signature

Date

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