

# Hellenic Coaching Association/EMCC Greece

## Application for individual membership

Thank you for applying for membership at the Hellenic Coaching Association/EMCC Greece

Please complete this form providing all information requested. You can return it to a member of the HCA Board or scan it and send it electronically to the HCA General Secretary at [general-secretary@hca.com.gr](mailto:general-secretary@hca.com.gr)

Last name:

First name:

Email:

Office /home telephone:  
Mobile telephone:

### Individual Application for:

- Affiliate membership
- Full membership (certified and/or accredited coach) only

### If you apply for full membership please provide the following information concerning your coaching qualification:

- Accredited coach
  - EMCC, please specify accreditation level:
  - ICF, please specify accreditation level:
  - AoC, please specify accreditation level:
  - Other, please specify accreditation body and level:
- Certified coach

Name of coach training organization:

Title and level of training program:

Country:

Total number of training hours:

Year of graduation:

### Details for invoicing, in case of fees paid by company:

Company:

Profession:

Address:

Zip code:

City:

V.A.T. number:

Tax office:

### Payment details:

The individual yearly membership fee amounts to 100€ (one hundred) for 2018.

Your membership is valid for the current calendar year provided that your membership fee is paid in full. To remain valid, membership fees are paid within the first trimester (January - March) for each consecutive year.

Your payment can proceed:

By cash

By bank deposit to HCA account

**National Bank of Greece**

IBAN number: GR2601101470000014748018067

SWIFT / BIC: ETHNGRAA

Όνομα Λογαριασμού ΕΛΛΗΝΙΚΟΣ ΣΥΝΔΕΣΜΟΣ ΣΥΝΔΗΜΙΟΥΡΓΙΚΗΣ ΑΠΑΣΧΟΛΗΣΗΣ

Please indicate your name in the reason of payment

Via PayPal Please visit our site at [www.hca.com.gr](http://www.hca.com.gr) and then choose "pay your subscription here".

Note: your membership application will be processed when you will have proceeded with the payment

### Membership terms

I agree that, for as long as I remain a member of HCA/EMCC Greece, I will support the aims and guiding principles and abide by such codes of ethics and professional practices as may be put in place

I understand that it is my responsibility to keep my information up to date

I agree that the details I provide, now and in the future, may be kept by EMCC and my national HCA/EMCC Greece (if I am assigned to one) for the purposes of maintaining my membership record

### Contact permission

I agree that my details can be used to create a 'Find a Mentor/Coach record' that will be visible to the public on the EMCC website and the HCA/EMCC Greece website

I agree that the details I provide, now and in the future, may be kept by EMCC and my national HCA/EMCC Greece (if I am assigned to one) for the purposes of communicating with me about my professional practice e.g. events, conferences, books, research, accreditation etc

I agree that the details I provide, now and in the future, may be kept by EMCC and my national HCA/EMCC Greece (if I am assigned to one) for the purposes of informing me about other EMCC activities and other items of interest

Please note EMCC and HCA/EMCC Greece will never share or sell your data to a third party. You may change your answers to the above points by emailing the HCA/EMCC Greece at any time.

Note. The membership terms are mandatory in order for the membership application to be accepted. The contact permission is optional. Everything is opt in. Members will be able to change their permission in their membership record. By removing permission from the membership terms they will be cancelling their membership.

**Signature of applicant**

**Date of application**

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### Decision of BOD of HCA:

- Membership accepted at category requested
- Membership accepted at different category
- Membership not accepted
- Additional information requested

Comments:

**Membership number:**

**Starting date:**