

COMPANY APPLICATION FORM

(UP TO 10 DELEGATES)

Complete the form and submit to your IPSA regional office, or email to membership@ipsa.org.za

COMPANY DETAILS:

Company Name: _____ Nature of Business: _____

Fax: _____ Tel: _____
Direct Line: _____ VAT No: _____
Employers Physical Address: _____ Postal Code: _____
Employers Postal Address: _____ Postal Code: _____

INTRODUCED BY

IPSA Member Name: _____ Email: _____

PLEASE SEND MEMBERSHIP INVOICES FOR PAYMENT TO:

Name: _____ Company Name: _____
Postal Address: _____ Postal Code: _____
Email: _____

MAIN COMPANY DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

DECLARATION (ON BEHALF OF THE COMPANY BY THE MAIN DELEGATE):

I certify that the information in this application is accurate and I agree on behalf of the company, if elected to membership to conform to and be governed by the Constitution of the Institute of Packaging (South Africa).

Signed: _____ Date: _____

Please contact the National or Regional offices for the current subscription rates.

Email this form together with the relevant membership fee to the regional secretary or to secretary@ipsa.org.za

OFFICE USE ONLY

Member ID: _____ Grade Approved: _____
Invoice No: _____ Amount Paid/Date: _____
Acceptance Date: _____ Date Certificate sent: _____

APPROVED BY REGION: _____ APPROVED BY NATIONAL CHAIRMAN: _____

ADDITIONAL COMPANY DELEGATE DETAILS:

1st ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

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2nd ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

3rd ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

4th ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

5th ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

6th ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

7th ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

8th ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

9th ADDITIONAL DELEGATE DETAILS:

Surname: _____ Title (Prof/Ms/Miss/Mrs/Mr): _____ Initial(s): _____
First Name: _____ ID Number: _____
Cell: _____ Email: _____
Region: KZN W. Cape E. Cape Border Northern Grade of Membership: _____

PLEASE POST MY CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

IPSA GRADES OF MEMBERSHIP & 2016 SUBSCRIPTIONS

MEMBER

M.I.PKG(SA)

Any person actively engaged or who has an interest in the packaging industry and who qualifies for membership in the manner laid down by the National Executive from time to time, and who does not fall within any of the other membership categories recorded herein.
2016 annual subscription: R1 197.00 (inc. VAT)

GRADUATE MEMBER

M.I.PKG(SA) GRAD

Any member who holds a Diploma or Certificate issued by the Institute upon successful completion of a course of study offered by the Institute, or a diploma or certificate in respect of a course of study recognised by the Institute.
2016 annual subscription: R1 197.00 (inc. VAT)

COMPANY MEMBERSHIP

Any company, partnership or enterprise actively engaged or who has an interest in the packaging industry may qualify in the manner laid down by the National Executive from time to time to apply for membership on behalf of its employees. The qualifying company shall then have the right to appoint a maximum of 10 member delegates who shall be from amongst its employees. As a guide, this would preferably be on the basis of 2 member delegates per each of the five regions of the Institute, but this shall be at the discretion of the company member. Each member delegate has one vote. The Company shall have the right to withdraw a previously nominated employee as a member at any time, and to substitute a new employee to take his / her place, provided that the Institute shall upon each occasion be advised in writing of this intention.

2016 annual subscription: R8 977.50 (inc. VAT)

COUNTRY MEMBER

Any person actively engaged or who has an interest in the packaging industry and who qualifies for membership in the manner laid down by the National Executive from time to time, and who is situated geographically outside of any of the regional areas or even outside of South Africa and is therefore unable to attend functions may be offered Country membership, which is non-voting.

2015 annual subscription: R837.90 (inc. VAT)

MEMBER (RETIRED)

Any person who is no longer employed but retains an interest in the Institute. At the sole discretion of the Regional Committee, on application by the member, a member may continue as a non-voting member and to use the affix of his/her previous grade of membership.
2016 annual subscription: Nil

STUDENT MEMBER

Any person who is enrolled with the Institute for the purpose of studying any course, which may prescribe non-voting membership.
2016 annual subscription: Included in course fees

The following categories of membership are appointed only by the National Executive.

PATRON

PATRON.I.PKG(SA)

The National Executive may nominate to the office of Patron of the Institute a person of standing in the field of packaging or any related industry. No administrative duties, subscriptions or responsibilities shall devolve upon the Patron who shall be the Institute's highest office bearer.

FELLOW

F.I. PKG(SA)

Awarded at the sole discretion of the National Executive to those persons who have rendered meritorious services to the Institute and have made a substantial contribution to the profession of packaging.

HONORARY MEMBER

HON.M.I.PKG(SA)

Awarded at the sole discretion of the National Executive to those members who have rendered meritorious service to the Institute.

GRATUITOUS MEMBER

Any person appointed with the approval of the National Executive upon recommendation of a member of the National Executive. The continuation of such members in this grade of non-voting membership shall be reviewed at least once annually by the National Executive.