



## MEMBERSHIP APPLICATION FORM

Complete the form and submit to your IPSA regional office, or email to [membership@ipsa.org.za](mailto:membership@ipsa.org.za)

### PERSONAL DETAILS:

Surname: \_\_\_\_\_ Title (Prof/Ms/Miss/Mrs/Mr): \_\_\_\_\_ Initial(s): \_\_\_\_\_

First Name: \_\_\_\_\_ Known as: \_\_\_\_\_ ID Number: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Region: KZN  W. Cape  E. Cape  Border  \*Northern  Grade of Membership: \_\_\_\_\_

\* Includes Gauteng and Pretoria

### INTRODUCED BY

IPSA Member Name: \_\_\_\_\_ Email: \_\_\_\_\_

### CURRENT EMPLOYER DETAILS:

Company Name: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Job Title: \_\_\_\_\_ Direct Line: \_\_\_\_\_ VAT No: \_\_\_\_\_

Employers Physical Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employers Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PLEASE POST MY CORRESPONDENCE AND JOURNALS TO (IF DIFFERENT FROM ABOVE):

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PLEASE SEND MEMBERSHIP INVOICES FOR PAYMENT TO:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

### RELEVANT ACADEMIC & PROFESSIONAL PACKAGING RELATED QUALIFICATIONS:

Details: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Highest Academic Qualification: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Institute/University/College/School: \_\_\_\_\_

### DECLARATION:

I certify that the statements made by me, in this application are accurate and I agree 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](mailto: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: \_\_\_\_\_