

MEMBERSHIP APPLICATION FORM

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

PERSONAL DETAILS:

First Name: _____ Surname: _____

Email: _____

Region: KZN W. Cape E. Cape Border *Northern
*includes Gauteng and Pretoria

Title (Prof/Ms/Miss/Mrs/Mr): _____ Initials: _____ Known As: _____

ID Number: _____ Cell: _____ Grade of Membership: _____

INTRODUCED BY:

IPSA Member Name: _____ Email: _____

CURRENT EMPLOYER DETAILS:

Company Name: _____ Nature of Business: _____

Tel: _____ Job Title: _____ Direct Line: _____

Vat No: _____

Employers Physical Address: _____ Postal Code: _____

Employers Postal Address: _____ Postal Code: _____

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

Postal Address: _____ Postal Code: _____

PLEASE SEND MEMBERSHIP INVOICE FOR PAYMENT TO: Me at the address above or

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

OFFICE USE ONLY

Member ID: _____ Grade Approved : _____

Invoice No: _____ Amount Paid/Date : _____

Acceptance Date: _____ Date Certificate sent : _____

APPROVED BY REGION: _____ APPROVED BY NATIONAL CHAIRMAN : _____