

# MEMBERSHIP APPLICATION FORM



(This is a fillable pdf, all pages MUST be completed IN FULL, using your computer or by printing clearly in uppercase, please)

## PERSONAL DETAILS:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Region: KZN  W. Cape  E. Cape  Border  \*Northern  International

\*includes all inland provinces

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

ID Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Grade of Membership: \_\_\_\_\_

## CURRENT EMPLOYER DETAILS:

Company Name: \_\_\_\_\_ Division/Location: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Tel: \_\_\_\_\_ Direct Line: \_\_\_\_\_ Job Title: \_\_\_\_\_

## PLEASE POST CORRESPONDENCE AND JOURNALS TO:

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

## PLEASE SEND MEMBERSHIP INVOICE FOR PAYMENT TO:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ Vat No: \_\_\_\_\_

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

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

## HIGHEST ACADEMIC ACHIEVEMENT & RELEVANT PACKAGING QUALIFICATIONS:

Qualification: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Qualification: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

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

## IPSA COURSES SUCCESSFULLY COMPLETED:

Overview of Packaging Technology Short Course (OPT)  One Year Diploma in Packaging Technology (OYD)  Advanced Packaging Diploma (APD)  Certified Packaging Professional (CPP)

Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

## SETA & B-BBEE STATISTICAL INFORMATION

(Tick the box only if applicable)

Are you a Black person as defined by the Broad-Based Black Economic Empowerment Act 53 of 2003 as amended by Act No 46 of 2013 which means Africans, Coloureds and Indians

a) Who are citizens of the Republic of South Africa by birth or descent or  
b) Who became citizens of the Republic of South Africa by naturalisation:

i) Before 27 April 1994 or -

ii) On or after 27 April 1994 who would have been entitled to acquire citizenship by naturalisation prior to that date.

## 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)