

MEMBERSHIP FORM



This is a fillable pdf, you can use your computer to type in the blocks or write by hand clearly in uppercase.

PERSONAL DETAILS:

Full First Names: _____ Surname: _____

Known as (Preferred Name): _____ Title (Prof/Ms/Miss/Mrs/Mr): _____

Email: _____ Cell: _____

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

*includes all inland provinces

RSA ID Number: _____ Grade of Membership: _____

NON-RESIDENT INSERT DATE OF BIRTH: YYYY-MM-DD

CURRENT EMPLOYER DETAILS:

Company Name: _____ Division/Location: _____

Nature of Business: _____ Product Sector: _____

Job Title: _____ Tel: _____

PLEASE POST CORRESPONDENCE AND JOURNALS TO:

Postal Address: _____ Postal Code: _____

PLEASE SEND INVOICES FOR PAYMENT TO:

Name: _____ Email: _____

Company Name: _____ Vat No: _____

Postal Address: _____ Postal Code: _____

HIGHEST ACADEMIC ACHIEVEMENT & RELEVANT PACKAGING QUALIFICATIONS:

Qualification/s: _____

Name of Institution/s: _____ Year/s Obtained: _____

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). I understand and agree that this personal information will only be processed, stored and used in accordance with the Institute's Promotion of Access to Information Act Manual which is available on the website www.ipsa.org.za

Signed: _____ Date: _____

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

Email this form to secretary@ipsa.org.za