

# 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  \*Northern  Country/International

\*includes all inland provinces

RSA ID Number: \_\_\_\_\_ Date of Birth: YYYY-MM-DD Grade of Membership: \_\_\_\_\_

## CURRENT EMPLOYER DETAILS:

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

Nature of Business: \_\_\_\_\_ Product Sector: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Tel: \_\_\_\_\_

## PLEASE POST CORRESPONDENCE AND PPM MAGAZINE 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: \_\_\_\_\_ Graduation Year/s: \_\_\_\_\_

## 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 (this is a required field)

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](http://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](mailto:secretary@ipsa.org.za)