



AFRICAN PACKAGING ORGANISATION

APPLICATION FOR MEMBERSHIP

P O Box 15564
EMERALD HILL
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REPUBLIC OF SOUTH AFRICA
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Email :
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NAME OF APPLICANT ORGANISATION				
COUNTRY IN WHICH REGISTERED				
DESCRIBE THE NATURE OF YOUR ORGANIZATION				
Please specify below whether you represents the interests of packaging organisation or individuals employed in the packaging industry. This application must please be accompanied by a copy of your Constitution and Bye Laws (if applicable)				
ORGANIZATION REPRESENTS (mark "X" as appropriate in block on right>>.	PACKAGING ORGANISATIONS		PLEASE INDICATE THE NUMBER OF YOUR MEMBERS BELOW	
	INDIVIDUALS			
CONTACT DETAILS				
CONTACT PERSON	EMAIL ADDRESS	TELEPHONE	FAX	MOBILE
POSTAL ADDRESS:				
PLEASE EXPLAIN WHAT BENEFIT YOU HOPE TO DERIVE FROM MEMBERSHIP OF OUR ORGANIZATION?				

I, the undersigned, being authorized to do so by the organization stated above, hereby apply on its behalf to be admitted as a member of the African Packaging Organization (APO). If accepted, we agree to be bound by the Statute and Bye Laws of the APO (a copy of which has been forwarded to us), and to pay upon demand the annual membership fee laid down by the Management council of the APO, from time to time.

SIGNATURE OF AUTHORISED REPRESENTATIVE

DATE

PRINT NAME : _____

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SUBMISSION

Kindly submit by email or post to the General Secretary at the address provided on page 1 of this application form. You will be advised in writing of the outcome of your application.

RECOMMENDED BY :	GENERAL SECRETARY
APPROVED BY :	PRESIDENT
EFFECTIVE DATE OF COMMENCEMENT OF MEMBERSHIP	
INITIAL MEMBERSHIP FEE PAYABLE	

