| ippo Membership Application |
| --- |
| Applicant Information |
| Full Name: | *Please insert your photograph here* |
| Date of birth (dd/mm/yyyy):  | Citizenship: |
| Personal E-mail: |
| Personal Phone: | Fax: |
| Personal address: |
| City/State: | State: |
| Postal Code: | Country: |
| current Employment Information |
| Position: |
| Employer: |
| Employer address: |
| City: | State: | Postal Code: | Country: |
| Office Direct Phone: | Office E-mail: |
| Website: |
| PUBLICATION (s) |
| Publication Title: | Publication Ownership:: | Circulation Area: | Language(s): |
| Previous employment |
| *Please list your career history.* |
| Company: | Position: | Publications (if applicable) | Duration (mm-yy to mm-yy): |
| special interests /background |
| *Please list your special interests and background in the Packaging field.* |
|  |
| other Associations/organizations |
| *If you are a member of any other trade associations/organizations, please list them here.* |
| Association/Organization | Position | Member since (mm-yy) |
| Signature |
| Signature of applicant: | Date: |
| Name of IPPO member Proposer: | Name of IPPO Member Seconder: |