| IOPG bers hip Application | | |
| --- | --- | --- |
|  | | |
| contact Information | | |
| Name: | | |
| Address:  City:  Region: | | |
| E-mail address: | | Telephone: |
| BUSINESS Information | | |
| Nature of Business: Manufacturer{ }, Retailer{ } | | |
| Position/Job Title: | | Date Appointed: |
| Employer address: | City: | Phone: |
| E-mail: | Website: | |
| QUALIFICATIONS | | |
| Academic qualifications: | | |
|  | | |
| Brief details of packaging experience: | | |
|  | | |
|  | | |
| Packaging Course(s) attended (if applicable) | | |
|  | | |
|  | | |
| STATE AREA(s) of Packaging interest | | |
|  | | |
|  | | |
| Signature | | |
| Signature of applicant: | | Date: |
| Preferred subscription payment method (please tick):   1. Cash { } 2. Cheque { } 3.Bank Deposit { } 4. Mobile Money Transfer{ } | | |
| **For office use only:** | | |
| Type of membership (Tick)  1 Student Member { } 2. Associate Member { } 3. Full Member { } 4. Fellow{ }  Membership ID No: Signature: Date: | | |

|  |  |  |
| --- | --- | --- |
| Registration Fees GHS | Student - 20 | Associate / Full / Fellow - 100 |
| Annual Subscription GHS | Student - 50 | Associate / Full / Fellow - 200 |
| **Payment Details** | STANBIC BANK, A/c No. 9040002471544 (GHS), 7040001446601 (EUR)  Mobile Money: 0557645644 (Caroline), | |

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**MEMBERSHIP APPLICATION FORM**

*Better quality of life, through better packaging, for more people*

Send completed form to: [**info@iopghana.org**](mailto:info@iopghana.org)

For further details: Kofi Essuman (0208184358), P. Agyenim Boateng (020 8168967), Caroline Tsikata (0208180613) or write to: The President, Institute of Packaging Ghana, P. O. Box CO 2234, Tema, Ghana.