AFRICAN PACKAGING ORGANISATION
APPLICATION FOR MEMBERSHIP

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NAME OF APPLICANT ORGANISATION
COUNTRY IN WHICH REGISTERED
DESCRIBE THE NATURE OF YOUR ORGANIZATION

Please specify below whether you represent the interests of packaging organisations or individuals employed in the packaging industry. This application must please be accompanied by a copy of your Constitution and Bye Laws (if applicable)

<table>
<thead>
<tr>
<th>ORGANIZATION REPRESENTS (mark “X” as appropriate in block on right)</th>
<th>PACKAGING ORGANISATIONS</th>
<th>PLEASE INDICATE THE NUMBER OF YOUR MEMBERS BELOW</th>
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<tbody>
<tr>
<td>PACKAGING ORGANISATIONS</td>
<td>INDIVIDUALS</td>
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CONTACT DETAILS

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<tr>
<th>CONTACT PERSON</th>
<th>EMAIL ADDRESS</th>
<th>TELEPHONE</th>
<th>FAX</th>
<th>MOBILE</th>
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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 : ____________________________________________

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 COMMMENCEMENT OF MEMBERSHIP

INITIAL MEMBERSHIP FEE PAYABLE