



Membership Form

Name : _____

Person to whom correspondence should be addressed : _____

Address : _____

Postal code : _____

No of employees in the company : _____

Tel. No.: _____ Fax No. : _____

E-mail _____

Nature of Business :

- Printer/ Converter Pre Press Processor Supplier
 Print/Packaging buyer Other

Segment :

- Narrow Web Wide Web Mid Web Folding Carton
 Corrugated Pre Press Other

Desired Category of Membership :

- Primary Member Associate Member Overseas Member
 Educational Institute Member Individual Member

We enclose cheque No. _____ drawn on _____ Bank) for
_____ (Amount)

Name: _____ Date: _____

For and on behalf of the member

Company Stamp & Authorised Signature

For Membership Details, please see reverse