



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

WPO Membership Application Form

Contact Information	
Name of Organisation	
Contact Name	
Street Address	
ZIP / Postal code	
City	
Country	
Telephone	
Mobile	
Email	
Website	
Logo	

Membership Type (filled in by WPO)
Full-member (voting) Full-member (non-voting) Affiliate Member Honorary Member Regional Federation



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Information about the Organization

Date of Establishment													
Main Activities of Organisation	<table><tr><td>Magazine</td><td>Market & innovation approach</td></tr><tr><td>Market data & statistics</td><td>Newsletters</td></tr><tr><td>Packaging Award</td><td>Packaging Books</td></tr><tr><td>Packaging Standardization</td><td>Short term courses</td></tr><tr><td>Testing facility</td><td>Training, Workshops, Seminars and Conferences</td></tr><tr><td>Other</td><td></td></tr></table>	Magazine	Market & innovation approach	Market data & statistics	Newsletters	Packaging Award	Packaging Books	Packaging Standardization	Short term courses	Testing facility	Training, Workshops, Seminars and Conferences	Other	
Magazine	Market & innovation approach												
Market data & statistics	Newsletters												
Packaging Award	Packaging Books												
Packaging Standardization	Short term courses												
Testing facility	Training, Workshops, Seminars and Conferences												
Other													
Describe your organisation's involvement in packaging activities in your country													

Ability for Cooperation within WPO

Which other WPO Members do you know?	
Please list packaging related companies/organisations who support this application	
Please briefly explain your organisation's suitability to become a member of WPO	
Please let us know your social media accounts/platform (linkedin, Instagram, Facebook, ect)	

Confirmation

I am authorized by the organisation to make this membership application on their behalf:	
Signature	
Print Name	



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Date	
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