



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

# WPO Corporate Partnership Application Form

## Contact Information

Name of Organisation \_\_\_\_\_

Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

ZIP / Postal code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Website \_\_\_\_\_

## Membership Type

- One year: € 1500,-  Three years: € 4000,-

Kindly read the details regarding WPO membership as detailed in the statutes of WPO.



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## Information about the Organization

Date of Establishment \_\_\_\_\_

Main Activities of Organisation \_\_\_\_\_

Describe your organisation's involvement in packaging activities in your country \_\_\_\_\_

Location of headquarter (if different from contact address) \_\_\_\_\_

Memberships relating to WPO Members \_\_\_\_\_

Any other country of business activity \_\_\_\_\_

## Ability for Cooperation within WPO

Please list packaging related companies/ organisations who support this application \_\_\_\_\_

Please briefly explain your organisation's suitability to become a member of WPO \_\_\_\_\_

## Confirmation

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_