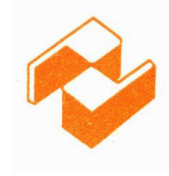


# SRI LANKA INSTITUTE OF PACKAGING



290 D.R., Wijewardena Mawatha, Colombo 10, Sri Lanka. Telephone : 4734351, 2386519. Fax : 2386519. E Mail : slip@slmet.lk

## APPLICATION FOR CORPORATE / COPORATE LIFE MEMBERSHIP

Date .....

.....  
Name of the Organisation

Type of Business : .....

Company Profile : ..... ( not more than 100 words )

Address : .....

.....  
Signature

.....  
Designation

.....  
Name of Signatory

The official Representative/s of this Organisation in the Sri Lanka Institute of Packaging will be

.....  
Name

.....  
Designation

.....  
Name

.....  
Designation

.....  
Contact Tel No

.....  
Fax No

.....  
E mail Address

.....  
Recommended by

Registration Fee : Rs. 5,000.00  
Annual Subscription : Rs. 8,000.00  
Life Membership : Rs. 40,000.00

.....  
Signature

.....  
Cheque No./ Amount

Date : .....

---

(Office Use only)

No .....

Date Received .....

Date Approved .....

.....  
President / Vice President

.....  
Secretary