

# MEMBERSHIP FORM:

Entity Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

ABN, NZBN or equivalent: \_\_\_\_\_

Location(s) across the region:  Australia  New Zealand  Pacific Islands \_\_\_\_\_

*If you are located in the Pacific Islands, please specify where.*

## Organisation Category:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Brand Owners          | <input type="checkbox"/> Government       | <input type="checkbox"/> NGOs                         |
| <input type="checkbox"/> Retailers             | <input type="checkbox"/> Academia         | <input type="checkbox"/> Industry Associations        |
| <input type="checkbox"/> Plastics Supply Chain | <input type="checkbox"/> Community Groups | <input type="checkbox"/> Other (please specify) _____ |

## Industry Sector:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Agriculture & Nurseries Airline | <input type="checkbox"/> Food & Beverage               | <input type="checkbox"/> Packaging Manufacturers & Suppliers |
| <input type="checkbox"/> Accommodation & Tourism         | <input type="checkbox"/> General Merchandise & Apparel | <input type="checkbox"/> Telecommunications                  |
| <input type="checkbox"/> Chemicals, Hardware & Machinery | <input type="checkbox"/> Healthcare & Scientific       | <input type="checkbox"/> Tobacco                             |
| <input type="checkbox"/> Electronics                     | <input type="checkbox"/> Logistics & Warehousing       | <input type="checkbox"/> Waste/Recycling                     |

## Regional Annual Turnover:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Under \$50 million   | <input type="checkbox"/> \$250 - \$500 million       | <input type="checkbox"/> Greater than \$1 billion |
| <input type="checkbox"/> \$50 - \$250 million | <input type="checkbox"/> \$500 million - \$1 billion |   |

## Contact Details:

1) Key Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2) Executive Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number: \_\_\_\_\_

3) Secondary Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Company Details:

Registered Street Address: \_\_\_\_\_

Suburb/equivalent: \_\_\_\_\_ State/equivalent: \_\_\_\_\_ Postcode/equivalent: \_\_\_\_\_

Postal Address (if different): \_\_\_\_\_

Company Description: \_\_\_\_\_

Supply chain position (if applicable): \_\_\_\_\_ Number of employees: \_\_\_\_\_

## Joining ANZPAC as a:

- Member** - Membership for brand owners, retailers, manufacturers and businesses throughout the plastics supply chain.
- Supporter** - Membership for government, academia, community groups, NGOs and industry associations.

## Declaration (to be signed by the Company Executive):

I, \_\_\_\_\_ (name) declare that the above information is true and correct.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Position Title) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date)

I have read and agreed to the ANZPAC Plastics Pact [Terms and Conditions](#).



### STEPS FOR COMPLETING THE MEMBERSHIP SIGNUP FORM:

1. COMPLETE IN FULL
2. SIGN (BY CEO OR EQUIVALENT ONLY)
3. EMAIL TO ANZPAC@APCO.ORG.AU