



Australasian Institute  
of Packaging

# REGRADING APPLICATION

Are you due for a regrading of membership?

AIP Membership Number (if known):  Date joined AIP (if known):

## PERSONAL DETAILS

Title: Mr/Mrs/Dr  First Name:  Surname:

Home Address:

Suburb:  State:  Postcode:

Country:  Mobile:

Email:

## PROFESSIONAL DETAILS

Current Employer:  Position/Title held:

Street Address:

Suburb:  State:  Postcode:

Country:  Mobile:

Work Phone:  Work Email:

## EXPERIENCE

Additional experience and/or qualifications in Packaging since original application to support a regrading:

(Attach resume or additional pages if required)

Please fill in and return to [info@aipack.com.au](mailto:info@aipack.com.au)