



AUSTRALIAN 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

Prof/Dr/Mr/Mrs/Ms/Miss Given Names: \_\_\_\_\_ LastName: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_  
Private Address: \_\_\_\_\_  
State: \_\_\_\_\_ Post Code: \_\_\_\_\_

### EMPLOYMENT DETAILS

Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone (Switch): \_\_\_\_\_ Phone (Direct): \_\_\_\_\_  
Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EXPERIENCE

Additional Experience &/or Qualifications in Packaging Technology since original application to Support a Regrading: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

(Attach resume or additional pages if required)

### RETURN TO

**Australian Institute of Packaging Fax: 07 3009 9916**  
**Or email [nerida@aipack.com.au](mailto:nerida@aipack.com.au)**

Australian Institute of Packaging National Office 34 Lawson Street Oxley QLD 4075 Australia  
☎ +61 7 3278 4490 📠 +61 7 3009 9916 ✉ [info@aipack.com.au](mailto:info@aipack.com.au) 🌐 [www.aipack.com.au](http://www.aipack.com.au)  
ABN: 35 092 354 071