



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

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