

Membership Application Form

(1) Company Information

Company:

Address:

City:

State:

Postal Code:

Country:

(2) Contact Person*

Contact Name*:

Address:

City:

State:

Postal Code:

Country:

Telephone:

Fax:

Email:

*The individual who will receive mailings and invitations to meetings, etc.

(3) Invoice Address (Optional. Include if different from contact information above.):

Name:

Company:

Address:

City:

State:

Postal Code:

Country:

I agree with the terms and conditions of the World Containerboard Organisation and hereby wish to become a member of the World Containerboard Organisation.

Date: _____

Signature _____