Membership Application Form



No. 290, D.R Wijewardena Mw, Colombo 10, Sri Lanka +94 114 734 351, +94 112 075 986 slip@sltnet.lk

| | CLASS OF MEMBERSHIP | ASS OF MEMBERSHIP APPLIED FOR | |
|-----------------------------|---------------------------------|-------------------------------|--|
| | Associate | Associate Member | |
| | Fellow | Member | |
| APPLICANTS PERSONAL I | NFORMATION | | |
| Name with initials: | | | |
| Full Name: | | | |
| Date of Birth: | Gender (Male/F | emale) | |
| Home Address: | | | |
| Contact Address for communi | cation if different from the ho | me address: | |
| | | | |
| Province: | | | |
| Designation: | | | |
| Name of the Organization: | | | |
| Address: | | | |

| Mobile: | Home: | Office: | | |
|---|-------------------------|-----------------------|--------------|--|
| Email Address (C | Official): | | | |
| Email Address (P | ersonal): | | | |
| National Identity | card no: | Passport no: | | |
| ACADEMIC QUALIFICATIONS STATED IN CHRONOLOGICAL ORDER WITH RESPECT TO THE YEAR OF AWARD (BOTH SECONDARY TERTIARY) | | | | |
| eriod of Study | Name of the Institution | Qualification Awarded | Date awarded | |
| | | | | |
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PROPOSERS

At least two of the proposers should know the applicant sufficiently to certify, by initialing, that the information provided by the applicant about his training and experience if any is correct.

• All proposers have to be cooperate members of the institution who are not in arrears of subscription fees.

[A coorperate member can be either a "Member " or a "fellow" of the Institution.]

we, the undersigned, propose(state name of the applicant) from personal Knowledge as a person worthy of consideration for admission to the class of (state the class of membership) of the institution.

| Proposer's name with Initials | Class of Memership | Membership No | Signature and date |
|----------------------------------|-----------------------|------------------|--------------------|
| | | | |
| | | | |
| | | | |

Experience (stated in chronological order)

| Period in months | Place of work | Position held | Description of work carried out | Initials of the two proposers |
|------------------------|---------------|------------------|---------------------------------|-------------------------------------|
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| | | | | |

| Projects undertaken during tertiary experience: | |
|---|--|
| | |
| | |

| Projects undertaken during work life: . | | |
|---|---|---|
| Scholarships/ Awards: | | |
| Social Platforms: | | |
| Other Memberships: | | |
| | | |
| Institute/Association/Clubs | Membership Since | Class of Membership |
| | | |
| | | |
| | | |
| | | |
| | | |
| Declaration: | | |
| | | |
| I information provided above by me is transcription in the Sri Lanka Institute of Packaging, will institution as they now are, or as they not the institution as far as shall bein my | ue and that, in the event of my l be governed by the By-laws, i nay hereafter be altered; and t | admission as a member of regulations and rules of the |
| Provided that, whenever I shall signify i am desirous of withdrawing of the men arrears which may be due from me at t | nbership at the institution, I sha | ll, after the payment of my |
| Signature of the Applicant: | Da | ate: |

SRI LANKA INSTITITE OF PACKAGING PROFESSIONAL MEMBERSHIP CRITERIA AND FEES

Membership Fees / Annual Subscriptions

Fellow Institute of Packaging (SL) – LKR 15,000.00 Member Institute of Packaging (SL) – LKR 10,000.00 Associate Member Institute of Packaging (SL) – LKR 7,500.00 Associate Institute of Packaging (SL) – LKR 5,000.00

One time registration fee applicable for all membership categories - LKR 10,000

Eligibility Criteria

Fellow Member, FSLIP

- A. Bachelor's degree and 10 years post qualifying experience as a functional head or master's degree and 10 years of total experience as a functional head.
- B. PhD with 10 years of post-qualifying experience.
- C. Professional membership of a recognized Institute with 10 years post-qualifying experience as a functional head / business leader.
- D. 25 years of experience as a functional head / business leader.

Member, MSLIP

A.Bachelor's degree and 05 years post qualifying experience or master's degree and 3 years post qualifying experience.

- B. PhD with 03 years of post-qualifying experience.
- C. Professional membership of a recognized Institute with 05 years of post-qualifying experience.
- D. Packaging Diploma with 5 years of post-qualifying experience.
- E. 15 years of experience as a functional head.

Associate Member, ASLIP

- A. Bachelor's degree and 3 years of experience or master's degree and 01 year experience.
- B. Professional membership of a recognized institute with 03 years experience.
- C. Packaging Diploma and 2 years post-qualifying experience.
- D. Certificate in Packaging with 3 years post-qualifying experience.

Associate

A. Anyone entering the packaging industry or packaging related industry with a permanent job role.

Note on Required Experience

The experience required for each category must be from packaging manufacturing / packaging supply chain management / packaging logistics / packaging material sourcing, development & validation / packaging education/packaging machinery / packaging designing & branding.