



INDIAN PLASTICS INSTITUTE

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Membership Data / Update Form of IPI Members

Name of the Members : Mr./Ms./ Company* _____

Date of Birth: _____ Chapter : _____ IPI Membership No. _____

Educational / Professional Qualifications : _____

Status / Designation : Individual / Position in Co./Dept.* _____

Date / Year started : _____

Area of activity : Professional / Consultant/Manufacturer/ Professors / Others

(Please specify)* _____

Contact address : _____

City _____ State _____ Pin _____

Tel No. with STD Code _____ Fax No. with STD Code : _____

Res. Tel. No. with STD Code _____ Mobile No. _____

Email I.D. _____ Website Address : _____

Any other information of Member(s) / Company: _____

Names of Authorized representative:

Designation:

(In case of Company Firm)

Specimen Signature

- _____
- _____

(*strike out whichever is not applicable)

Date: _____ Member's Signature / Company Seal _____

Office Use

IPI Member No: _____ Category: _____

Place: _____ Date: _____