

IPA APPLICATION FOR REGULAR MEMBERS

COMPANY INFORMATION - PRIMARY LOCATION COMPANY NAME: ADDRESS: CITY: STATE: ZIP/POSTAL CODE: COUNTRY: PRIMARY MEMBERSHIP CONTACT NOTE: YOUR NEW MEMBER PACKET WILL INCLUDE FURTHER DETAILS OF HOW ALL YOUR COMPANY EMPLOYEES MAY TAKE ADVANTAGE OF IPA MEMBERSHIP BENEFITS. TELEPHONE: E-MAIL: ADDRESS: (IF DIFFERENT FROM COMPANY ADDRESS ABOVE) CITY: STATE: ZIP/POSTAL CODE: COUNTRY: □вотн AREA OF INTEREST: MANAGEMENT ☐TECHNICAL JOB FUNCTION: MANAGEMENT ☐ SALES/MARKETING □ OPERATIONS/TECHNICAL FINANCE ADDITIONAL PLANT LOCATIONS INCLUDED IN THIS MEMBERSHIP: SECOND COMPANY NAME: TELEPHONE: ADDRESS: CITY: STATE: ZIP/POSTAL CODE: COUNTRY: THIRD COMPANY NAME: TELEPHONE: ADDRESS: CITY: ZIP/POSTAL CODE: COUNTRY: FOURTH COMPANY NAME: TELEPHONE: ADDRESS: CITY: STATE: ZIP/POSTAL CODE: COUNTRY:

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