



# International Protea Association

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## APPLICATION FOR MEMBERSHIP / MEMBERSHIP RENEWAL

I herewith apply for / renew membership of the IPA:

Name (please print) \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Industry activity (e.g. grower, breeder) \_\_\_\_\_

### Type of Membership (select an option with an X)

	Membership fee
<input type="checkbox"/> Individual Member for one year	\$ 75.00
<input type="checkbox"/> Research Member for one year	\$ 45.00
<input type="checkbox"/> Association/Company Member for one year	\$ 300.00
<input type="checkbox"/> Donation to IPA Research Foundation (optional)	\$ _____

**AMOUNT DUE** \$ \_\_\_\_\_

### Payment (select an option with an X)

<input type="checkbox"/>	BANK DRAFT
<input type="checkbox"/>	INTERNET TRANSFER
<input type="checkbox"/>	VISA/MASTERCARD

### If paying with VISA/MASTERCARD:

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiry date (mm/yy) \_\_\_\_/\_\_\_\_

CVV number \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**About you:** Are you a member of your local Association? Yes/No. If yes, please give name and branch of the Association you belong to:

Please return this form via fax (+ 27 21 870 2915) or email ([ipa@hortgro.co.za](mailto:ipa@hortgro.co.za)) to the Treasurer of the IPA who will contact you directly to send an invoice, confirm payment and activate your membership.

Please visit the IPA website at [www.ipa-protea.org](http://www.ipa-protea.org) for information on industry activities.