

MEMBERSHIP FORM

Dear Sir,

Please enrol our firm as a Member/Associate member of the Offset Printers' Association. The details of our firm is given hereunder. I promise to obey all the rules and regulations of the OPA framed from time to time.

Category of membership applied for : General* Associate Member**

Name and Address of the Firm : _____

Tel : _____

Fax : _____

E mail : _____

Detail of Machinery : _____

Types of work undertaken : Gen. Printing Duplex Boxes Corrugated Boxes

Other _____

Any Speciality : _____

Awards & Honours : _____

*Any lawful firm/person engaged in printing & Packaging can become General Member

**Printing raw material suppliers/Ink, Paper, chemical dealers/Binders/Processing houses or otherwise interested persons can become Associate Members.
These members shall not be eligible to vote at any meeting or seek election to the executive committee.

