



Type of Membership

GOLD

SILVER

BRONZE

A. General Description

Company Name: _____

What is your company's primary type of business: _____

How many employees are in your company (check one): 0-100 101-500 501-1000 Over 1000

Company Address: _____

Company Phone: _____ Company Fax: _____ Company E-mail: _____

B. Contact Person

Name:(Mr/Dr/Mrs/Miss) _____ S/O, D/O, W/O _____

CNIC No.: _____ Job Title: _____
(Please attach copy of CNIC)

Company Address: _____

Company Phone: _____ Company Fax: _____ Company E-mail: _____

C. Chief Executive

Name:(Mr/Dr/Mrs/Miss) _____ S/O, D/O, W/O _____

CNIC No.: _____ Job Title: _____
(Please attach copy of CNIC)

Company Address: _____

Company Phone: _____ Fax: _____ E-mail: _____



D. Nominations for Membership

Attach separate sheet for their complete address

S/No.	Name	Appointment	Highest Qualification
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

E. Membership Fee Information

- Corporate GOLD Membership (10 memberships) **Rs. 60,000**
- Corporate SILVER Membership (5 memberships) **Rs. 40,000**
- Corporate BRONZE Membership (3 memberships) **Rs. 20,000**

F. Payment Information

(Payments in full must accompany application, Cheque, draft or P.O payable to Quality and Productivity Society of Pakistan)

- Draft, Pay order or Cheque enclosed: Amount: _____ Bank _____ Number _____ Date _____
- Cash: Amount: _____

I affirm that the statements in this application are correct and agree to abide by the QPSP standards of ethical and professional conduct.

Signature _____ Date: _____



Types of Membership

Fellow
 Senior Member
 Member
 Other (s):

A. Personal Information

Name:(Mr/Dr/Mrs/Miss) _____ S/O, D/O, W/O _____

Date of Birth: ____/____/____

Computerized National ID Card No: _____
(Please attach copy of CNIC)

Sex: Male Female

Send OPSP mail to: Home Business

Home Address: _____

Home Phone: _____ Home Fax: _____ Home E-mail: _____

B. Company Information

Company Name: _____ Job Title: _____

What is your company's primary type of business: _____

How many employees are in your company (Check one): 0-100 101-500 501-1000 Over 1000

Company Address: _____

Company Phone: _____ Company Fax: _____ Company E-mail: _____

C. Education History

	School/College/University	Major Subject	Dates Attended
1. Matriculation/O, Level	_____	_____	_____
2. Intermediate/A, Level	_____	_____	_____
3. Graduation/Professional degree	_____	_____	_____
4. Post graduate degree (s)	_____	_____	_____

D. Training Courses / Certification (Attach extra sheet if required)

Course/Certification	Institution	Major Subject(s)	Dates Attended	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



E. Other Professional Memberships

Type of Membership	Professional Body	Member Since
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Other Accomplishments (Book, Paper, ect)

G. Experience

Organization/Projects	Duration	Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Professional Scope

Indicate up to 4 areas which can be supported by your experience/education.

- | | | | | |
|---------------------------------------|--|--|------------------------------------|------------------------------------|
| 1. Agriculture & Fishing | 7. Pulp, Paper & Paper Products | 13. Pharmaceuticals | 19. Electrical & Optical Equipment | 25. Transport, Storage & Logistics |
| 2. Mining & Quarrying | 8. Publishing/Printing | 14. Rubber & Plastic Products | 20. Ship Building/Shipping | 26. Information Technology |
| 3. Food Products, Beverages & Tobacco | 9. Oil & Gas | 15. Media | 21. Telecommunication | 27. Consulting/Training |
| 4. Textile & Leather Products | 10. Healthcare | 16. Retailer/Distributor | 22. Electric, Gas, & Water Supply | 28. Education |
| 5. Leather & Leather Products | 11. Government | 17. Basic Metals Fabricated Metals Product | 23. Construction | 29. Defense |
| 6. Automobile | 12. Chemicals, Chemicals products & fibers | 18. Machinery & Equipment | 24. Hotel & Restaurant | 30. Others (Specify) |

I. Membership Fee Information

Regular Membership (From Pakistan)-Annual Membership Fee **Rs.2,500**

J. Payment Information

(Payments in full must accompany application, cheque, draft or P.O payable to Quality and Productivity Society of Pakistan)

Draft, Pay order or Cheque enclosed: Amount: _____ Bank _____ Number _____ Date _____

Cash: Amount: _____

I affirm that the statements in this application are correct and agree to abide by the QPSP standards of ethical and professional conduct.

Signature _____ Date: _____

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