

# CORPORATE PROFESSIONAL MEMBERSHIP APPLICATION



## STEP 1: Corporate Member Information (Please print or type)

Please list the corporate communication contact for your SCAP membership below.

Company Name		<input type="radio"/> Male	
		<input type="radio"/> Female	
Contact Person Name	Job Title	CNIC Number	
Company Address			
City	State / Province	Zip / Postal Code	Country
Business Phone	Business Fax	Business E-mail	Web Address
Who referred you to SCAP membership? <small>(Leave blank if not applicable)</small>			
Referring Member's Name		Referring Member SCAP ID Number	

## STEP 2: Corporate Profile (Check all that apply)

### Business Environment

- Manufacturing    Service    Consultancy    Academic    Government

### Industry Type

- |  |                                      |                                    |   |                                       |
|--|--------------------------------------|------------------------------------|---|---------------------------------------|
| <input type="radio"/> Automotive         | <input type="radio"/> Distribution   | <input type="radio"/> Glass        | <input type="radio"/> Metal Fabrication | <input type="radio"/> Textile/Apparel |
| <input type="radio"/> Aviation/Aerospace | <input type="radio"/> Education      | <input type="radio"/> Graphic Arts | <input type="radio"/> Mining            | <input type="radio"/> Transportation  |
| <input type="radio"/> Biotechnology      | <input type="radio"/> Electrical     | <input type="radio"/> Healthcare   | <input type="radio"/> Pharmaceuticals   | <input type="radio"/> Utilities       |
| <input type="radio"/> Chemicals          | <input type="radio"/> Electronics    | <input type="radio"/> Lumber/Paper | <input type="radio"/> Plastics/Rubber   | <input type="radio"/> Warehousing     |
| <input type="radio"/> Communications     | <input type="radio"/> Food/Beverages | <input type="radio"/> Machinery    | <input type="radio"/> Retail            | <input type="radio"/> Other           |
| <input type="radio"/> Defence            | <input type="radio"/> Furniture      | <input type="radio"/> Maintenance  | <input type="radio"/> Software/Hardware |                                       |

### Number of Employees at Your Company (Check one)

- Under 100    100-249    250-499    500-999    1,000 +

## STEP 3: Corporate Membership Fees

### Annual Fee

Application will be processed upon full payment.

Please continue application on next page. 

(a) Membership fee   **Rs. 20,000.00**

(b) I wish to join SCAP for    1 year    2 years    3 years    Other

**Total Fees = Rs. \_\_\_\_\_ (a) x No. Years (b) \_\_\_\_\_ = TOTAL Rs. \_\_\_\_\_**

**Payment** (Pak rupees only. For out of Karachi Cheque, add Rs. 100/- as processing charges)

Demand Draft    Cheque   Cheque # \_\_\_\_\_ Cheque Amount Rs. \_\_\_\_\_

Cheque must be payable to **Supply Chain Association of Pakistan** and drawn on a PK Bank

## STEP 4: Corporate Professional Member Details

**1.**

First Name	Middle Initial	Last Name	Business E-mail
Job Title			Business Phone
Preferred Mailing Address			Business Fax
City	Province	Postal Code	Country
			<input type="radio"/> Male <input type="radio"/> Female
<b>The following information is requested for identification purposes only.</b>			Date of Birth
			CNIC Number

**SCAP USE ONLY**

Membership  Approved  Rejected

Membership Number: \_\_\_\_\_

**2.**

First Name	Middle Initial	Last Name	Business E-mail
Job Title			Business Phone
Preferred Mailing Address			Business Fax
City	Province	Postal Code	Country
			<input type="radio"/> Male <input type="radio"/> Female
<b>The following information is requested for identification purposes only.</b>			Date of Birth
			CNIC Number

**SCAP USE ONLY**

Membership  Approved  Rejected

Membership Number: \_\_\_\_\_

**3.**

First Name	Middle Initial	Last Name	Business E-mail
Job Title			Business Phone
Preferred Mailing Address			Business Fax
City	Province	Postal Code	Country
			<input type="radio"/> Male <input type="radio"/> Female
<b>The following information is requested for identification purposes only.</b>			Date of Birth
			CNIC Number

**SCAP USE ONLY**

Membership  Approved  Rejected

Membership Number: \_\_\_\_\_

**4.**

First Name	Middle Initial	Last Name	Business E-mail
Job Title			Business Phone
Preferred Mailing Address			Business Fax
City	Province	Postal Code	Country
			<input type="radio"/> Male <input type="radio"/> Female
<b>The following information is requested for identification purposes only.</b>			Date of Birth
			CNIC Number

**SCAP USE ONLY**

Membership  Approved  Rejected

Membership Number: \_\_\_\_\_

**5.**

First Name	Middle Initial	Last Name	Business E-mail
Job Title			Business Phone
Preferred Mailing Address			Business Fax
City	Province	Postal Code	Country
			<input type="radio"/> Male <input type="radio"/> Female
<b>The following information is requested for identification purposes only.</b>			Date of Birth
			CNIC Number

**SCAP USE ONLY**

Membership  Approved  Rejected

Membership Number: \_\_\_\_\_

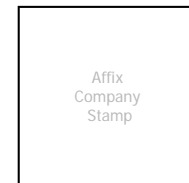
## STEP 5: Corporate Member Undertaking

I, \_\_\_\_\_, as representative of \_\_\_\_\_  
certify that the above particulars provided are correct. The company undertakes that the representative professional members are to abide by the SCAP Act, Bye-laws, relevant rules, and Code of Ethics and Conduct, prescribed for the members of the Association.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name



### Salient Feature of SCAP Corporate Membership

- ◆ SCAP Corporate Membership is a convenient, and cost-effective method to empower your company and your employees with the understanding, knowledge, and standards of Supply Chain Management.
- ◆ SCAP Corporate Membership provides complete benefits to five (5) employees of the company.
- ◆ The company holds the membership, thus it can transfer an individual membership to another employee(s) at any time.

### General Instructions

- ◆ Attach a copy of CNIC of all representative members
- ◆ Attach one passport size photograph of all representative members
- ◆ Cheque / Demand Draft should be made in favor of Supply Chain Association of Pakistan
- ◆ Send the completed form along with payment to the address given below
- ◆ Application will be processed upon receipt of full payment

**SCAP USE ONLY** (Do not write in this space)

Amount Received: \_\_\_\_\_

Membership  Approved  Rejected

Membership Number: \_\_\_\_\_

Return to:  
Supply Chain Association of Pakistan  
Suite No 404, 4th Floor Building No. 53-C  
Commercial Area "A" DHA Phase-II Karachi  
Phone: +92 21 35892602 Fax: +92 21 35892603