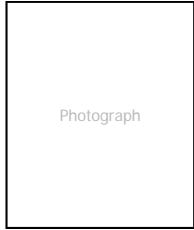


professional membership application



STEP 1: Member Information

(Please print or type)

Please print your legal name and address as they should appear on a mailing label.

Mr. Mrs. Ms. Miss

First Name	Middle Name	Last Name	
Job Title	Company Name		
Business Address			
City	State / Province	Zip / Postal Code	Country
Business Phone	Business E-mail		
Home Address			
City	State / Province	Zip / Postal Code	Country
Home Phone	Home E-mail		

Please check your preferred mailing address. Work Home

The following information is requested for identification purposes only.

Male Female

Date of Birth	Nationality	<input type="radio"/> CNIC Number /	<input type="radio"/> Passport Number
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Who referred you to SCAP membership? (Leave blank if not applicable)

Referring Member's Name	Referring Member SCAP ID Number
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STEP 2: Member Profile

Industry Type (Check all that apply)

- | | | | | |
|--|--------------------------------------|------------------------------------|---|---------------------------------------|
| <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 | |

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

Please continue application on the back side.

Website: <http://www.scap.pk> | Email: info@scap.pk

Key Area of Responsibility (Check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Supply Chain | <input type="checkbox"/> Distribution | <input type="checkbox"/> Engineering | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Planning/Scheduling | <input type="checkbox"/> Mgmt Info System | <input type="checkbox"/> Prof. Services |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Forecasting | <input type="checkbox"/> Research & Dev. | <input type="checkbox"/> Self Employed |
| <input type="checkbox"/> Material Management | <input type="checkbox"/> Shipp./Receiving | <input type="checkbox"/> Training/Education | <input type="checkbox"/> Other |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Prod. Control | <input type="checkbox"/> Sales/Marketing | |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Quality/Service | <input type="checkbox"/> Finance/Accounts | |

Your Job Title/Function (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Senior Management (CEO/VP/Director) | <input type="checkbox"/> Functional Management (System Analyst/Planner/Purchaser) |
| <input type="checkbox"/> Dept/Division Management (GM/Manager) | <input type="checkbox"/> Other Functional Level |

Number of Employees at Your Location (Check one)

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

Why are you Joining SCAP? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Networking | <input type="checkbox"/> Association Activities | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Career/Professional development | <input type="checkbox"/> Recommended by employer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Keep up with Industry developments | <input type="checkbox"/> Recommended by _____ | |
| <input type="checkbox"/> Contribute towards development of Supply Chain in Pakistan | | |

How many years have you been in the Supply Chain field? (Check one)

- 4 yrs. or fewer 5-8 yrs. 9-14 yrs. 15+yrs.

STEP 3: Membership Fees

Annual Fee

Application will be processed upon full payment

(a) Membership fee Rs. 5,000.00

(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*

Cash Demand Draft Cheque Cheque # _____ Cheque Amount Rs. _____

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

SCAP USE ONLY (Do not write in this space)

Amount Received: _____

Membership Approved Rejected

Membership Number: _____

STEP 4: Member Undertaking

I, _____, certify that the above particulars provided are correct. I undertake 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

General Instructions:

Kindly attach the following along with the completed membership form:

- ◆ Attach One (1) passport size photograph
- ◆ Attach One (1) copy of CNIC
- ◆ 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