

SOCIETY OF COSMETIC CHEMISTS



Suite 2400, 120 Wall Street, New York, NY 10005-4088 • (212) 668-1500 • FAX: (212) 668-1504

APPLICATION FOR MEMBERSHIP OR NATIONAL AFFILIATE STATUS

PLEASE TYPE OR PRINT THIS APPLICATION FORM

NAME _____ TEL No. () _____
PRINT OR TYPE ONLY FIRST LAST
 STREET _____ E-MAIL _____
 APT. # _____ CITY _____ STATE _____ ZIP _____

PRESENT OCCUPATION _____ COMPANY NAME _____
 STREET _____ CITY _____ STATE _____ ZIP _____

PREFERRED MAILING ADDRESS *(Please Check One)* Home Business DATE OF BIRTH _____
 Please print my name, company and email address in the Membership Directory Yes No

EDUCATION

Education _____ from _____ to _____ Degree _____ Major Subject _____
 Education _____ from _____ to _____ Degree _____ Major Subject _____
 Education _____ from _____ to _____ Degree _____ Major Subject _____

STUDENTS, PLEASE ENTER EXPECTED COMPLETION DATE.

I enclose \$140.00 () to cover General Membership Application fee.* I enclose \$ 70.00 () to cover Junior Membership Application fee.*
 I enclose \$140.00 () to cover National Affiliate Application fee.* I enclose \$ 35.00 () to cover Student Membership Application fee.*

*To learn more about the categories of membership, please visit the SCC website at www.sconline.org

Checks should be made payable to: **Society of Cosmetic Chemists**

(Check One) Amex VISA MasterCard Credit Card No. _____ Exp. _____

Date _____ Signature _____

USUAL LEGAL SIGNATURE

PROFESSIONAL EXPERIENCE TO DATE—FULL RECORD OF EACH POSITION — USE ADDITIONAL SHEETS IF NECESSARY

DATE FROM	DATE TO	EMPLOYER'S NAME & ADDRESS TO	NATURE OF EMPLOYMENT OR NAME OF POSITION	CHARACTER OF WORK Give details of experience in Cosmetic Field	NAME & ADDRESS FOR REFERENCES REGARDING THIS WORK

Spaces below are for use of the three sponsors who, as members of the SCC, must keep in mind that the objective of the Society is particularly concerned with the development of technical knowledge and furthering the professional standing of technical people in the cosmetic industry. In the case of no sponsor, proof of work in industry of three professional references is needed.

	SPONSOR 1	SPONSOR 2	SPONSOR 3
Name of Sponsoring member:			
Professional Affiliation:			
Phone:			
Signature:			

PLEASE ALLOW 4-6 WEEKS FOR APPLICATION TO BE PROCESSED.

SCC USE: Received _____ Check _____ Charge _____ Member No. _____
 Election Date _____ Status _____ Chapter _____