

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 _____ Gender M F
Please print my name, company and email address in the Membership Directory Yes No

EDUCATION

School _____ from _____ to _____ Degree _____ Major _____
School _____ from _____ to _____ Degree _____ Major _____
School _____ from _____ to _____ Degree _____ Major _____

STUDENTS, PLEASE ENTER EXPECTED COMPLETION DATE.

PROFESSIONAL EXPERIENCE TO DATE — PLEASE PROVIDE A BRIEF DESCRIPTION OF EACH POSITION

DATE FROM	DATE TO	EMPLOYER'S NAME & ADDRESS	JOB TITLE / RESPONSIBILITIES

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

(*Check One*) Check (*Checks should be made payable to: Society of Cosmetic Chemists*) Amex VISA MasterCard

Credit Card No. _____ Exp. _____

Signature _____ CVV Code _____

USUAL LEGAL SIGNATURE

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

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