

PLEASE NOTE:

Please complete and send the attached Application form to our Membership Chair, who will update the California Chapter's records for new members, and will then forward your application on to the National office.

Tina-Marie Massimini
c/o Presperse Inc.
12935 Crawford Drive
Tustin, CA 92782



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 _____ TELEPHONE # () _____
Print or Type only FAX # () _____
E-MAIL ADDRESS _____

STREET _____ APT. # _____ CITY _____ STATE _____ ZIP _____ +4 _____

PRESENT OCCUPATION _____ COMPANY NAME _____

STREET _____ CITY _____ STATE _____ ZIP _____

PREFERRED MAILING ADDRESS (Please Check One) _____ Home _____ Business DATE OF BIRTH _____

Please print my name, address, telephone number and email address in the Membership Directory _____ Yes _____ No

RECORD OF TRAINING

Education _____ from _____ to _____ Degree _____ Major Subject _____

Education _____ from _____ to _____ Degree _____ Major Subject _____

Education _____ from _____ to _____ Degree _____ Major Subject _____

Note: Students, please enter expected completion date
I enclose \$130.00 () to cover General Membership Application fee.* I enclose \$ 65.00 () to cover Junior Membership Application fee.*
I enclose \$130.00 () to cover National Affiliate Application fee.* I enclose \$ 32.50 () to cover Student Membership Application fee.*
* Part of this Application fee is applied to the current year's dues. Applications received after October 1st will be applied to the dues for the following year.
(Checks should be made payable to the Society of Cosmetic Chemists)

Check One Amex VISA MasterCard Credit Card _____ Exp. _____

Date _____
(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 # _____
Election Date _____ Status _____ Chapter _____