



MEMBERSHIP APPLICATION

Please allow 4-6 weeks for application to be processed

NAME _____ TEL No. () _____
FIRST LAST

ADDRESS _____
STREET CITY STATE ZIP CODE

COUNTRY _____ EMAIL _____

PRESENT OCCUPATION _____ COMPANY NAME _____

ADDRESS _____
STREET CITY STATE ZIP CODE

PREFERRED MAILING ADDRESS (please check one) Home Business BIRTHDAY _____ GENDER M F
MM/DD/YY

I would like to have my name, company and email address include in the Membership Directory Yes No

EDUCATION

Current students, please enter expected completion date

School _____ from _____ to _____ Degree _____ Major _____
MM/YYYY MM/YYYY

School _____ from _____ to _____ Degree _____ Major _____
MM/YYYY MM/YYYY

School _____ from _____ to _____ Degree _____ Major _____
MM/YYYY MM/YYYY

Enclosed is my application and dues fee for: *General Membership (\$150) *National Affiliate Membership (\$150)
 *Junior Membership (\$75) *Student Member (\$37.50 dues)

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

Check (made payable to **Society of Cosmetic Chemists**) AMEX VISA MasterCard

Credit Card No. _____ EXP Date _____ CVV Code _____
MM/YYYY

Signature _____

SCC Use Only: Received _____ Election Date _____ Member No. _____
Chapter _____ Status _____ Check _____ Auth _____