



Society of Cosmetic Scientists (Singapore)

APPLICATION FOR MEMBERSHIP

This form should be returned on completion to:
The Secretary
Society of Cosmetic Scientists (Singapore)
1010 Dover Road, 01-49V
Singapore 139658
Email: alexneoan@scss.org.sg

Please enclose fee (SGD\$80) with completed application form:
Cheques & Bank Drafts to be made payable to the
Society of Cosmetic Scientists (Singapore)

Grade Applied for _____
Surname (Block capitals) _____ (Prof/Dr/Mr/Mrs/Miss/Ms) _____
Given Names (Block capitals) _____ Date of Birth _____
 A. Company Address _____
(Block capitals)

Company Tel No. _____ Fax No. _____
E-mail Address: _____

B. Home Address _____
(Block capitals)
(ZIP Code) _____ Home Tel No. _____ Home Fax No. _____ Handphone No. _____
Please Indicate by ticking in the appropriate box, which address should be used for your Society correspondence.

EDUCATION AND TRAINING

Institution	From	To	Qualification or standard obtained

Qualifications: _____

<p>COMPANY POSITION <small>(Select one Category that describe your company position)</small></p> <p>Managing Director / CEO <input type="checkbox"/></p> <p>Technical Director or other Director <input type="checkbox"/></p> <p>Technical Development Manager <input type="checkbox"/></p> <p>Development Chemist <input type="checkbox"/></p> <p>Technician <input type="checkbox"/></p> <p>Consultant <input type="checkbox"/></p> <p>Sales, Marketing, Account or <input type="checkbox"/></p> <p>Product Manager <input type="checkbox"/></p> <p>Sales Representative or Executive <input type="checkbox"/></p> <p>Other _____</p>	<p>COMPANY/ EMPLOYER ACTIVITY</p> <p>Manufacturer <input type="checkbox"/></p> <p>Raw Material Supplier <input type="checkbox"/></p> <p>Consultant <input type="checkbox"/></p> <p>Education <input type="checkbox"/></p> <p>Other _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>SPECIALIST AREA <small>(Select Categories that describe your main areas of expertise)</small></p> <p>Aerosol Technology <input type="checkbox"/> Legislation <input type="checkbox"/> Product Testing <input type="checkbox"/></p> <p>Baby Products <input type="checkbox"/> Marketing <input type="checkbox"/> Quality <input type="checkbox"/></p> <p>Bath Products <input type="checkbox"/> Mens Products <input type="checkbox"/> Raw Materials <input type="checkbox"/></p> <p>Colour Cosmetics <input type="checkbox"/> Microbiology <input type="checkbox"/> Regulatory <input type="checkbox"/></p> <p>Environment <input type="checkbox"/> Oral Care Products <input type="checkbox"/> Safety <input type="checkbox"/></p> <p>Fragrance <input type="checkbox"/> Personal Care <input type="checkbox"/> Skin Care Products <input type="checkbox"/></p> <p>Hair Care Products <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Sun Care Products <input type="checkbox"/></p> <p>Household Products <input type="checkbox"/> Production <input type="checkbox"/> Toxicology <input type="checkbox"/></p> <p>Other _____</p>
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PRESENT AND PREVIOUS EMPLOYMENT

Employer	From	To	Job title/Specific duties and responsibilities

Any other relevant information _____

I the undersigned do hereby declare that on admission, I will observe the Constitution and By-laws and do the utmost in my power to promote the welfare and interests and maintain the dignity of the Society during my tenure of membership.

Signature: _____ Date: _____

For Office Use Only:

Council action: _____

Elected: Member / Associate / Student / Honorary on _____

Secretary's Signature: _____ Date: _____