



**Society of Cosmetic Scientists
(Singapore)**

**APPLICATION FOR
MEMBERSHIP**

This form should be returned on completion to:
The Secretary
Society of Cosmetic Scientists (Singapore)
21 KALLANG AVENUE #05-177 Singapore 339412
Fax +65 6392 0656
E-mail Angelina.Fam@lubrizol.com

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

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: _____

COMPANY POSITION

(Select one Category that describe your company position)

- Managing Director / CEO
- Technical Director or other Director
- Technical Development Manager
- Development Chemist
- Technician
- Consultant
- Sales, Marketing, Account or
- Product Manager
- Sales Representative or Executive
- Other _____

**COMPANY/
EMPLOYER ACTIVITY**

- Manufacturer
- Raw Material Supplier
- Consultant
- Education
- Other _____
- _____
- _____
- _____
- _____

SPECIALIST AREA

(Select Categories that describe your main areas of expertise)

- Aerosol Technology
- Baby Products
- Bath Products
- Colour Cosmetics
- Environment
- Fragrance
- Hair Care Products
- Household Products
- Other _____
- Legislation
- Marketing
- Mens Products
- Microbiology
- Oral Care Products
- Personal Care
- Pharmaceuticals
- Production
- Product Testing
- Quality
- Raw Materials
- Regulatory
- Safety
- Skin Care Products
- Sun Care Products
- Toxicology

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 _____

Date _____ Secretary's Signature _____