

**SOCIETY OF COSMETIC SCIENTISTS**

# Membership Application



Thank you for your interest in joining the society of Cosmetic Scientists. Please complete all required parts of the form and add any further information you feel is relevant. Then ask a referee who must be a current full member of the Society/member of a Society affiliated to the IFSCC OR a professional contact of the applicant.

Please mail the completed form to the address below, enclosing the fee appropriate to the category of membership for which you are applying.

Cheques should be made payable to **Society of Cosmetic Scientists**

To pay by credit card contact the **Society of Cosmetic Scientists** for information

Current fees are: **Member** £72.00 **Associate** £66.00 **Student** £30.00 **Affiliate** £66.00

To help you decide which category of membership is relevant to your application please refer to the following summary or visit [www.scs.org.uk](http://www.scs.org.uk)

## **Member, Category A**

A scientific degree plus more than 3 years relevant work experience.

## **Member, Category B**

The SCS Diploma in Cosmetic Science plus more than 3 years relevant work experience.

## **Associate**

A scientific degree or the SCS Diploma with less than 3 years relevant work experience.

or

BTEC Higher Certificate, BTEC Higher Diploma or equivalent plus more than 1 year relevant work experience.

or

Two GCE science A levels or equivalent plus more than 3 years relevant work experience.

or

Two science GCSEs or equivalent plus more than 5 years relevant work experience.

or

More than 7 years relevant work experience.

## **Student**

Two science GCSEs or equivalent and either enrolled in the SCS Diploma or other science related course leading to associate or full membership, or gaining experience for admission to membership or associate membership.

## **Affiliate**

Those who do not fulfil the above criteria but are involved in the industry.

## **Please return the completed form to:**

Suite 109, Christchurch House, 40 Upper George Street, Luton, Bedfordshire, LU1 2RS United Kingdom

## **Please refer any questions to:**

Gem Bektas (Secretary General) or Mel Cheekoory (SCS Administrator)

Telephone +44 (0)1582 726661 Fax +44 (0)1582 405217 E-mail [secretariat@scs.org.uk](mailto:secretariat@scs.org.uk)

When your application has been approved, your membership will be instated and confirmed to you in writing. We look forward to welcoming you as a new member.

*Honorary Secretary and Chairman of Membership Committee*

Completion is obligatory in all sections marked \*

January 2017

**Personal Details\*** (Please write clearly in black ink, using capital letters)

Title (Mr, Miss, Mrs, Dr, etc)	Sex M/F	Date of Birth
First Name	Middle Initial(s)	Surname
Letter (MRSC, MIBIOL, etc)		

**Home Address\***

House Name/Number	Street/Road
Village/Town/City	County/Area
Post Code	Country
Telephone Number	E-mail Address

**Working Address\*** (if applicable)

Company Name	Street/Road
Village/Town/City	County/Area
Post Code	Country
Your Current Job Title	
Telephone Number: Company	Personal Line
E-mail Address	

**Preferred Address for Correspondence\*** (✓)

Home  Work

**Category of Membership Applied for\*** (✓)

Member, Category A  Member, Category B  Associate  Student  Affiliate

**What you hope to gain from Membership of the Society** (✓)

Please select from the following list, the services that most appeal to you and add any other expectations/ suggestions below:

Contacts within the Industry	<input type="checkbox"/>	Symposia/Exhibitions	<input type="checkbox"/>	Educational Events	<input type="checkbox"/>
Scientific Publications	<input type="checkbox"/>	Evening Lectures	<input type="checkbox"/>	Industry News	<input type="checkbox"/>
Job Vacancies	<input type="checkbox"/>	Social Events	<input type="checkbox"/>		
Other (please specify)					

**Education Profile****Qualifications\***

Qualification Type	Specify Name of Qualification	Institution Name	Specify subjects relevant to your application, dates, and grades obtained where appropriate
GCSE or equivalent	_____	_____	_____
A Level or equivalent	_____	_____	_____
Diploma or equivalent	_____	_____	_____
Degree or equivalent	_____	_____	_____
Higher Degree	_____	_____	_____
Other	_____	_____	_____

**Current Course\*** (Students only)

Institution

Name of Course

Duration

Final Qualification

Expected Completion Date

**Membership of Professional Bodies**

Name of Professional Body (RSC, IOB, etc)

Membership Category

**Employment Status** Which of the following best describes your current employment status? (✓)

Employed

Self-employed

Unemployed

Retired

Student

**Company/Employer Activity** (✓)

Manufacturer

Raw Material Supplier

Consultant

Education

Other (please specify)

**Employment History\***

Employer

From

To

Job Title (Final)

Brief Job Description (including the nature of your Employer's business and job title of your line manager)

Employer

From

To

Job Title (Final)

Brief Job Description and nature of your Employer's business

Employer

From

To

Job Title (Final)

Brief Job Description and nature of your Employer's business

Please continue on a separate sheet if required

**Where did you hear about the Society?**

Please specify

**Declaration\***

If my application is successful, I undertake to uphold the Constitution and Rules of the Society for as long as I continue to be a member. I confirm that the information given on this form and any attachment is correct to the best of my knowledge.

Signature

Date

**Data Protection**

If you do **not** wish the Society to publish personal information you have supplied please tick the box.   
The SCS Privacy Policy is detailed on the SCS website [www.scs.org.uk](http://www.scs.org.uk)

**Referee\***

The application is to be filled in and signed by a referee who is a current full member of the Society / member of a Society affiliated to the IFSCC OR a professional contact of the applicant.

**Name of Referee**

Society Member status (✓) Full Member

Company/Institution and Address

How long have you known the applicant?

In what capacity? (✓) Professional

Personal

**Signature**

**For Office use only**

Action

Date

Council approval of membership status

Grade

Review date if applicable