



Membership Invoice

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July 1, 2011 – June 30, 2012 Membership Year

Mailing Address:

Name: _____

Company: _____

Address 1: _____

Attach Business Card

Address 2: _____

City: _____ State/Prov.: _____

Postal Code: _____ Country: _____

Contact Information:

Work Phone: _____ Fax: _____ Toll Free: _____

Home Phone: _____ Email: _____

Demographic Information: (Required – please complete items 1, 2, and 3 below)

1. POSITION CLASSIFICATION (Check primary only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Management/Administration (A) | <input type="checkbox"/> Research and Development (D) | <input type="checkbox"/> Consulting (G) |
| <input type="checkbox"/> Manufacturing and Engineering (B) | <input type="checkbox"/> Technical Sales/Service (E) | <input type="checkbox"/> Education (H) |
| <input type="checkbox"/> Quality Control (C) | <input type="checkbox"/> Sales and Marketing (F) | <input type="checkbox"/> Librarian/Other (J)
(please specify) _____ |

2. COMPANY CLASSIFICATIONS (Check all that apply)

- | | |
|---|---|
| Manufacturer of
<input type="checkbox"/> Liquid Paints (A1)
<input type="checkbox"/> Varnish and Lacquer (A2)
<input type="checkbox"/> Printing Inks (A3)
<input type="checkbox"/> Sealants and Caulks (A4)
<input type="checkbox"/> Adhesives (A5)
<input type="checkbox"/> Powder Coatings (A6)
<input type="checkbox"/> UV/Radiation Curable Coatings (A7)
<input type="checkbox"/> Raw Materials (B)
<input type="checkbox"/> Equipment and Containers (C)
<input type="checkbox"/> Construction Chemical Intermediates | Sales Agent for
<input type="checkbox"/> Equipment (D1)
<input type="checkbox"/> Raw Materials (D2)
<input type="checkbox"/> Government Agency (E)
<input type="checkbox"/> Research/Testing/Consulting (F)
<input type="checkbox"/> Educational Institution/Library (G)
<input type="checkbox"/> Paint Consumer (H)
<input type="checkbox"/> Environmental Affairs (I)
<input type="checkbox"/> Computer Software/Services (K)
<input type="checkbox"/> Other (J)
(please specify) _____ |
|---|---|

3. PRIMARY COMPANY CLASSIFICATION (Circle only one)

Which one of the above company classifications best describes your company?

A1 A2 A3 A4 A5 A6 A7 B C D E F G H I J

Special Interests: (Check all that apply)

- Corrosion/Durability
- Mfg./Production Issues
- Quality Control
- Testing Procedures
- Wood Coatings

Scholarship Donation:

Please consider making a donation towards the SSCT Member-Only Scholarship Program! Only children of members are eligible! Donation amounts: \$5 \$10 \$15 \$_____

Business Card Posting on SSCT Website:

Please mail or scan business card - Annual Cost \$ 50.00

Annual SSCT Dues: \$ 50.00

Scholarship Donation: _____

Business Card on Website: _____

TOTAL: _____

Check Credit Card: Visa _ MasterCard _ AMEX _

Card number: _____ Expiration Date: _____

Security Code _____ Billing Address: Zip Code _____

Name on card (print): _____ Signature: _____