



2808 Jefferson Drive....Hattiesburg, MS....39402
Voice: 601 310 7687....Fax: 601 266 6265

Membership Invoice

July 1, 2008 – June 30, 2009 Membership Year

Mailing Address:

Name: _____
Company: _____
Address 1: _____
Address 2: _____
City: _____ State/Prov.: _____
Postal Code: _____ Country: _____

Attach Business Card

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

2. COMPANY CLASSIFICATIONS (Check all that apply)

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

Annual SSCT Dues: \$25.00

Check Credit Card: ___ Visa ___ MasterCard

Card number: _____ Expiration Date: _____

Name on card (print): _____ Signature: _____

Zip Code _____ Billing Address Street Number _____ Security Code _____