



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

## Membership Invoice

July 1, 2007 – June 30, 2008 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)

- |  |  |
|--|--|
| <b>Manufacturer of</b>                                       | <b>Sales Agent for</b>                                       |
| <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 Number \_\_\_\_\_ Security Code \_\_\_\_\_