



Oil & Colour Chemists' Association

1st Floor, 3 Eden Court, Eden Way, Leighton Buzzard, LU7 4FY, UK

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Email: membership@occa.org.uk

Application for Admission or Transfer to Professional Membership

Please read the Regulations and their Guidance Notes before completing this form.

If you wish to amplify any of the answers please use a separate sheet of paper.

Which Class of Professional Membership are you applying for? Licentiate Associate Fellow

Surname..... Mr/Miss/Mrs/Ms/Other.....

Personal names..... Date of birth.....

Are you already a Member of the Association? Yes No

Are you already a Professional Member? If so which Class? Licentiate Associate

What academic qualifications do you hold? Please enclose photocopies, not originals, of relevant documents.

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If you belong to other professional bodies, please state their names and the Class of your membership.

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Do you represent the Association on the committees of other organisations? Please list committees and years of service.

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Do you serve on any other vocational or charitable committees? Please list organisations and years of service.

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Are you a member of your Section/Branch Committee? Please list positions held and years of service.

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What is your present post? Title..... Date appointed.....

Employer's name and address.....

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Please give further information of your present post

What are your duties?

To whom do you report (please give name and post)?

Who reports to you (please give numbers and status)?

Please give, in chronological order, the posts that you have held previously

Date (month and year)	Employer	Post
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Professional publications/lectures Please list any papers/books published and/or papers presented (include dates and venues).
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Please list any unpublished work and special reports (only include those that are available to the Professional Membership Sub-Committee).
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Undertaking

I certify each and every one of the statements on this form to be correct, and I hereby agree that, should I be elected or transferred to Professional Membership and subsequently, for any reason, my Membership of the Oil & Colour Chemists' Association ceases, I shall not thereafter be entitled to use the designatory letters of Professional Membership.

Signature **Date**

Home address (Is this your address for our communications?) Yes No

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Tel: Fax: E-mail:

Work address (Is this your address for our communications?) Yes No

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Tel: Fax: E-mail:

Sponsors

I agree to provide information in support of the applicant if required (sponsors may be required to submit a written statement on the applicant).

Name Signature

Name Signature

Name Signature

For office use only			Professional Member Reference		
Received	Acknowledged	Decision	LTSC	ATSC	FTSC