

ASSOCIATE MEMBER COMPANY (2017)

Membership Application

Name and address of company applying for membership:

Company: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

Website Address: _____ Twitter: _____

Name and title of individual completing questionnaire:

Name & title: _____

Email address: _____

Should you be considered the Official Representative for your company's membership? Yes No

If no, please identify who should be designated as the Official Representative.

Name & title: _____

Email address: _____

If company applying for membership is not the parent company, please list the name and address of the parent company.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check those boxes which apply to your product line:

- | | |
|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Fragrance Supplier | <input type="checkbox"/> IT/Software Service Provider |
| <input type="checkbox"/> Ingredient Supplier | <input type="checkbox"/> Testing Facilities and Services |
| <input type="checkbox"/> Packaging Supplier | <input type="checkbox"/> Testing Equipment |
| <input type="checkbox"/> Fulfillment/Distribution Services | <input type="checkbox"/> Environmental Services/Consultant |
| <input type="checkbox"/> Industry Related Media/Magazine | <input type="checkbox"/> General Industry Consultant |
| <input type="checkbox"/> Advertising/Marketing Agency | <input type="checkbox"/> Financial/Business Services |
| <input type="checkbox"/> Marketing/Research | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Law Firm | |

Please briefly describe your company's services:

Please let us know what prompted you to join the Council:

2017 ASSOCIATE MEMBER COMPANY

Sales Certification Statement and Dues Calculation

Tax ID #: 13-1390920

New Member (January – December)

Company:

2017 Associate Member dues are based on all 2016 goods/services provided to the cosmetic, toiletry, personal care products, cosmetic drug product and fragrance industry. ***Database subscriptions NOT included in membership dues (separate invoice).**

Based on your Class (1-4), provide dues calculation below. If you have questions regarding the calculation, please call (202) 454-0350 or email membership@personalcarecouncil.org.

Class	2016 Cosmetic Industry Sales	Base Contribution		Sales Computation		2017 Dues
1	Ingredients & Packaging Suppliers					
A	Up to \$500,000	\$ 1850				
B	\$500,001 to 1,000,000	\$ 1850	+	.18% of excess over \$500,000	=	
C	\$1,000,001 to 4 million	\$ 2770	+	.085% of excess over \$1 million	=	
D	\$4,000,001 to \$16 million	\$ 5300	+	.048% of excess over \$4 million	=	
E	Over \$16 million	\$10,460		.037% of excess over \$16 million maximum dues: \$24,950		
2	Fragrance Suppliers					
A	Up to \$500,000	\$ 1850			=	
B	\$500,001 to 1,000,000	\$ 1850	+	.18% of excess over \$500,000	=	
C	\$1,000,001 to 4 million	\$ 2770	+	.085% of excess over \$1 million	=	
D	\$4,000,001 to \$16 million	\$ 5300	+	.048% of excess over \$4 million	=	
E	Over \$16 million	\$10,460	+	.037% of excess over \$16 million, maximum dues:\$33,500	=	
3	Print/Electronic Media & Marketing/ Advertising Firms	\$3,500	+		=	
4	Independent Laboratory/ Consultant/Specialized Service	\$3,275	+		=	

International Associate Members: Companies who meet the requirements of associate membership but do not distribute in the U.S. and have no parent/affiliate/subsidiary/division with U.S. sales **Annual Dues are \$2,800**

Enclosed is a check (U.S. dollars only, drawn on U.S. bank) in the amount of \$_____ determined by the above dues schedule. **Please make check payable to Personal Care Products Council.**

I will pay by Wire/ACH [For bank information, call (202) 454-0350 or email membership@personalcarecouncil.org]

Please charge my credit card: American Express Visa MasterCard

***REQUIRED FIELDS THAT NEEDS TO BE COMPLETED – Please print legibly**

* Card No: _____ * Exp. Date: _____ * 3-digit CVV Code on back of card: _____

* AMEX 4-digit CVV Code on front of card: _____

* Name on Card: _____ * Signature: _____

* Amount to be charged \$ _____ **(Note: Processing fee incurred over \$10,000)**

* Card Billing Address: _____

Dues payments to the Council are not deductible as charitable contributions, but can be considered an ordinary and necessary business expense for federal income tax purposes. A portion of dues is not deductible as an ordinary and necessary business expense to the extent that the Council engages in lobbying. The non-deductible portion of dues for 2017 is estimated to be 26%.

I certify that the amount entered above is the correct amount due the Council for 2017 membership dues for my company, parent, subsidiaries, divisions and affiliates and that I have included all 2016 U.S. salon and retail sales for cosmetics, toiletries, personal care products, cosmetic drug products and fragrances in my computation.

* Name: _____ * Title: _____

* Phone: _____ * Email address: _____

* Signature: _____ Date: _____

**Return this application (2 pages) and dues payment to – Attention: Membership
Personal Care Products Council, 1620 L Street, NW, Suite 1200, Washington, DC 20036 or fax to 202.331.1969.**