

ASSOCIATE MEMBER COMPANY

Membership Application

Name and address of company applying for membership:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website Address: _____

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 products/services:

- | | |
|--|--|
| <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:

**To begin your membership: Return this form, your completed dues calculation form, and dues payment to:
Personal Care Products Council, 1101 17th Street, NW, Suite 300, Washington, DC 20036 or fax to 202.331.1969.**

ASSOCIATE MEMBER COMPANY
Sales Certification Statement and Dues Calculation

Tax ID #: 13-1390920

2010 Associate Member dues are based on all 2009 goods/services provided to the cosmetic, toiletry, personal care products, cosmetic drug product and fragrance industry.

Please complete the following information and return original copy of this form with remittance to the Council.

- ASSOCIATE MEMBERS:** companies that supply goods and/or services to Personal Care Products Council active member companies. Examples of goods and/or services are: ingredient suppliers, fragrance suppliers, packaging companies, research laboratories, advertising agencies, and magazines that contain cosmetic advertising.

Class	2009 Cosmetic Industry Sales	Base Contribution		Sales Computation		2010 Dues
1	Ingredients & packaging Suppliers					
A	Up to \$500,000	\$ 1850				\$ 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	Over \$4 million	\$ 5300	+	.048% of excess over \$4 million, maximum dues:\$8825	=	
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 \$200 million, maximum dues:\$29,725	=	
3	Print/Electronic Media & Marketing, Advertising Firms	\$3,440	+		=	\$3,440
4	Independent Laboratory Consultant/Specialized Service	\$2,200	+		=	\$2,200

Example of computation: Class 2 associate member with \$2 million in 2009 sales to the cosmetic industry would pay \$3,620 in dues—\$2,770 base contribution plus \$850 (.085% of its sales over \$1 million).

- 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 \$2,600**

- 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.**

- Please Charge my credit card: American Express Visa MasterCard

Card No: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

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 2010 is estimated to be 20%.

I certify that the amount entered above is the correct amount due the Council for 2010 Membership Dues for my company/parent/ subsidiaries/divisions/affiliates and that I have included all 2009 goods/services provided to the cosmetic, toiletry, personal care products, cosmetic drug products and fragrance industry in my computation.

Name: _____ Title: _____

Phone: _____ Email address: _____

Signature: _____ Date: _____