

ACTIVE 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 product line:

- | | |
|---|---|
| <input type="checkbox"/> Baby Products | <input type="checkbox"/> Oral Hygiene Products |
| <input type="checkbox"/> Bath Preparations | <input type="checkbox"/> Dentifrices |
| <input type="checkbox"/> Eye Makeup Preparations | <input type="checkbox"/> Mouthwashes |
| <input type="checkbox"/> Face Makeup Preparations | <input type="checkbox"/> Personal Cleanliness |
| <input type="checkbox"/> Fragrances | <input type="checkbox"/> Antiperspirants |
| <input type="checkbox"/> Hair Preparations
<i>(Non-Coloring, E.G. Shampoos, Conditioners, Straighteners)</i> | <input type="checkbox"/> Bath Soaps, Deodorants, Feminine Hygiene Products |
| <input type="checkbox"/> Hair Coloring Preparations | <input type="checkbox"/> Skin Care Preparations <i>(Cream, Lotion, Powder, Spray)</i> |
| <input type="checkbox"/> Manicuring Preparations | <input type="checkbox"/> Suntan Preparations |
| | <input type="checkbox"/> Sunscreen Preparations |
| | <input type="checkbox"/> Contract Manufacturer/Private Label |

Please briefly describe your company's services:

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

**To begin your membership: Return this application, 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.**

2012 ACTIVE MEMBER COMPANY
Sales Certification Statement and Dues Calculation

COMPANY:

2012 Active Member dues are based on all 2011 U.S. sales in salons and at retail (manufacturers' prices) for personal care products, cosmetics, toiletries, cosmetic drug products and fragrances. Sales of these products by all parent/ subsidiaries/divisions/affiliates must be included in dues computation.

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

Class	2011 Salon and Retail Sales Volume	Base Contribution		Sales Computation		2012 Dues
1	Up to \$500,000	\$ 640	+	.56% of excess over \$250,000	=	
2	\$500,001 to 1,000,000	\$2,050	+	.39% of excess over \$500,000	=	
3	\$1,000,001 to 5 million	\$3,950	+	.29% of excess over \$1 million	=	
4	\$5,000,001 to 10 million	\$15,550	+	.14% of excess over \$5 million	=	
5	\$10,000,001 to 20 million	\$22,550	+	.12% of excess over \$10 million	=	
6	\$20,000,001 to 50 million	\$34,600	+	.072% of excess over \$20 million	=	
7	\$50,000,001 to 100 million	\$56,000	+	.065% of excess over \$50 million	=	
8	\$100,000,001 to 200 million	\$95,500	+	.055% of excess over \$100 million	=	
9	\$200,000,001 to 300 million	\$152,500	+	.034% of excess over \$200 million	=	
10	\$300,000,001 to 500 million	\$186,000	+	.013% of excess over \$300 million	=	
11	\$500,000,001 to 1 billion	\$212,000	+	.0138% of excess over \$500 million	=	
12	\$1 billion to 2 billion	\$281,000	+	.016% of excess over \$1 billion	=	
13	\$2 billion plus	\$442,000	+	.0176% of excess over \$2 billion	=	

Example of computation: Class 4 active member with \$7 million in 2011 cosmetic sales would pay \$18,350 in dues— \$15,550 base contribution plus \$2,800 (.14% of its sales over \$5 million).

International Active 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.**

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 2012 is estimated to be 26%.

I certify that the amount entered above is the correct amount due the Council for 2012 membership Dues for my company/parent/subsidiaries/divisions/affiliates and that I have included all 2011 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: _____