

FRAGRANCE SUPPLIERS

Membership Application

Tax ID #: 13-1390920

Name and address of company applying for membership:

Company: _____

Address: _____

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

Phone: _____ Fax: _____

Website Address: _____

Name and title of Official Representative for your company's membership:

Name & title: _____

Email address: _____ Phone: _____

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

2012 Member dues are based on all 2011 goods/services provided to the cosmetic, toiletry, personal care products, cosmetic drug product and fragrance industry.

Class	2011 Cosmetic Industry Sales	Base Contribution		Sales Computation		2012 Dues
	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: \$32,500		

Example of computation: Class C associate member with \$2 million in 2011 sales to the cosmetic industry would pay \$3,620 in dues—\$2,770 base contribution plus \$850 (.085% of its sales over \$1 million).

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.

Name: _____ Title: _____

Phone: _____ Email address: _____

Signature: _____ Date: _____

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