

Independent Laboratory/Consultant/Specialized Service 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:

Independent Laboratory/Consultant/Specialized Service	\$2,775
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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, your completed dues calculation form, and dues payment to:
Personal Care Products Council, 1101 17th Street, NW, Suite 300, Washington, DC 20036.**