

ACTIVE MEMBER COMPANY (2022)

Membership Application

Name and address of company applying for membership:

Company: _____

Address: _____

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

Phone: _____ Twitter: _____

Website Address: _____

Name and title of individual completing questionnaire:

Name & Job 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 & Job 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: _____

☐ Yes, the company listed above is a minority owned company, which is defined as having at least 51 percent of the business or the company's stock owned by a minority group, and the management and operations must also be controlled by such individuals. Minority groups include African Americans, Asian Indians, Asian-Pacific Americans, Hispanic Americans, or Native Americans

Please check those boxes which apply to your product line:

- | | |
|--|---|
| <input type="checkbox"/> Antiperspirants | <input type="checkbox"/> Hair products (non-coloring) |
| <input type="checkbox"/> Baby products | <input type="checkbox"/> Hair coloring products |
| <input type="checkbox"/> Bath products | <input type="checkbox"/> Nail products |
| <input type="checkbox"/> Contract manufacturer/private label | <input type="checkbox"/> Oral hygiene, dentifrice, mouthwash products |
| <input type="checkbox"/> Deodorants, bath soaps, feminine hygiene products | <input type="checkbox"/> Skin care products (<i>cream, lotion, powder, spray</i>) |
| <input type="checkbox"/> Eye makeup products | <input type="checkbox"/> Suntan products |
| <input type="checkbox"/> Face makeup products | <input type="checkbox"/> Sunscreen products |
| <input type="checkbox"/> Fragrances | <input type="checkbox"/> Other: _____ |

Please briefly describe your company's services:

Please let us know what prompted you to join PCPC:

2022 ACTIVE MEMBER COMPANY

Sales Certification Statement and Dues Calculation

Tax ID #: 13-1390920

COMPANY NAME:

NEW MEMBER

2022 Active Member dues are based on all 2021 U.S. sales in salons and at retail (manufacturers' prices) of personal care products, cosmetics, toiletries, cosmetic drug products and fragrances. Sales of these products by the parent, subsidiaries, divisions and affiliates must be included in dues computation. ***Database subscriptions NOT included in membership dues (separate invoice).**

Based on your Class (1-13), provide 2021 U.S. Sales Volume and Dues Calculation within table below. If you have questions regarding the calculation, please call (202) 454-0350 or email membership@personalcarecouncil.org.

Class	2021 Salon and Retail Sales Volume	2021 U.S. Sales Volume	Base Contribution		Sales Computation		2022 Dues
1	Up to \$500,000		\$ 675	+	.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	=	

- ☐ **International Active Members:** Companies that meet the requirements of active 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 TO BE COMPLETED**

- * 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: 3.5% processing fee incurred over \$10,000)
- * Card Billing Address: _____

Dues payments to PCPC 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 PCPC engages in lobbying. The non-deductible portion of dues for 2022 is estimated to be 32 percent.

I certify that the corporate dues amount entered above is accurate. Dues include 2021 U.S. sales from parent, subsidiaries, divisions and affiliates. Dues were calculated based on all salon and retail sales for cosmetics, toiletries, personal care products, cosmetic drug products and fragrances.

- * Name: _____ * Title: _____
- * Phone: _____ * Email Address: _____
- * Signature: _____ Date: _____

Return completed, signed form with payment by standard mail to: Personal Care Products Council, PO Box 825856, Philadelphia, PA 19182-5856 or email: membership@personalcarecouncil.org. If sending by overnight courier: PNC Bank c/o Personal Care Products Council, Lockbox #825856, 525 Fellowship Rd., Suite 330, Mt. Laurel, NJ 08054-3415.