

ACTIVE MEMBER COMPANY (2020)

Membership Application

Name and address of company applying for membership:

Company: _____

Address: _____

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

Phone: _____ Fax: _____

Website Address: _____ Twitter: _____

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: _____

Please check those boxes which apply to your product line:

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

Please briefly describe your company's services:

Please let us know what prompted you to join PCPC:

Return this application (2 pages) and dues payment to - Attention: Membership
Personal Care Products Council, 1620 L Street, NW, Suite 1200, Washington, DC 20036 or fax to 202.331.1969.

2020 ACTIVE MEMBER COMPANY

Sales Certification Statement and Dues Calculation

Tax ID #: 13-1390920

COMPANY NAME:

NEW MEMBER

2020 Active Member dues are based on all 2019 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 dues calculation below. If you have questions regarding the calculation, please call (202) 454-0350 or email membership@personalcarecouncil.org.

Class	2019 Salon and Retail Sales Volume	Base Contribution		Sales Computation		2020 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 who 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 THAT NEEDS TO BE COMPLETED – Please print legibly**

* 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 2020 is estimated to be 33%.

I certify that the amount entered above is the correct amount due to PCPC for 2020 membership dues for my company, parent, subsidiaries, divisions and affiliates and that I have included all 2019 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: _____

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