

## ASSOCIATE 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"/> Fragrance Supplier                | <input type="checkbox"/> IT/Software Service Provider      |
| <input type="checkbox"/> Ingredient Supplier               | <input type="checkbox"/> Testing Facilities and Services   |
| <input type="checkbox"/> Packaging Supplier                | <input type="checkbox"/> Testing Equipment                 |
| <input type="checkbox"/> Fulfillment/Distribution Services | <input type="checkbox"/> Environmental Services/Consultant |
| <input type="checkbox"/> Industry Related Media/Magazine   | <input type="checkbox"/> General Industry Consultant       |
| <input type="checkbox"/> Advertising/Marketing Agency      | <input type="checkbox"/> Financial/Business Services       |
| <input type="checkbox"/> Marketing/Research                | <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Law Firm                          |  |

#### Please briefly describe your company's services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Please let us know what prompted you to join PCPC:

\_\_\_\_\_  
\_\_\_\_\_

# 2020 ASSOCIATE MEMBER COMPANY

## Sales Certification Statement and Dues Calculation

TaxID #: 13-1390920

**New Member**

**Company:**

2020 Associate Member dues are based on all 2019 goods/services provided to the cosmetic, toiletry, personal care products, cosmetic drug product and fragrance industry. **\*Database subscriptions NOT included in membership dues (separate invoice).**

Based on your Class (1-4), provide dues calculation below. If you have questions regarding the calculation, please call (202) 454-0350 or email membership@personalcarecouncil.org.

Class	2019 Cosmetic Industry Sales	Base Contribution		Sales Computation		2020 Dues
<b>1</b>	<b>Ingredients &amp; Packaging Suppliers</b>					
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 <b>maximum dues: \$24,950</b>		
<b>2</b>	<b>Fragrance Suppliers</b>					
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, <b>maximum dues:\$33,500</b>	=	
<b>3</b>	<b>Print/Electronic Media &amp; Marketing/Advertising Firms</b>	\$3,500	+		=	
<b>4</b>	<b>Independent Laboratory/Consultant/Specialized Service</b>	\$3,275	+		=	

☐ **International Associate 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.**
- ☐ 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: \_\_\_\_\_

**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.**