

ASSOCIATE MEMBER COMPANY (2024)

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: _____

The company listed above is a minority-owned company, which is defined as having at least 51% 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 and Native Americans.

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:

2024 ASSOCIATE MEMBER COMPANY (NEW)

Sales Certification Statement and Dues Calculation

Tax ID #: 13-1390920

Company Name: _____

2024 Associate Member dues are based on all 2023 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 2023 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	2023 Cosmetic Industry Sales	2023 U.S. Sales Volume	Base Contribution		Sales Computation		2024 Dues
1	Ingredients & Packaging 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: \$24,950		
2	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: \$33,500	=	
3	Print/Electronic Media & Marketing/ Advertising Firms		\$3,500	+		=	
4	Independent Laboratory/ Consultant/Specialized Service		\$3,275	+		=	

International Associate Members: Companies that 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 (Only applicable for Class 1 & 2)**

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 below: American Express Visa MasterCard

* 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 2024 is estimated to be 26%.

I certify that the corporate dues amount entered above is accurate. Dues include 2023 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, P.O. 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.