Personal Care Products Council

2027 Associate Membership Application

Name and address of company applying for membership:

Company: _____

Address: _____

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

Phone: _____ Website URL: _____

Name and title of individual completing application:

Name: _____ Job Title: _____

Email Address: _____

Are you the Official Representative for your company's membership? ☐ Yes ☐ No

The official representative will receive email updates on membership, events and other important PCPC news. If this is not you, 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 provide parent company information:

Company: _____

Address: _____

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

Select all that apply to your product line and/or company's services:

- ☐ Fragrance supplier
- ☐ Ingredient supplier
- ☐ Packaging supplier
- ☐ Fulfillment/distribution services
- ☐ Industry related media/magazine
- ☐ Law firm
- ☐ IT/software service provider
- ☐ Testing facilities and services
- ☐ Testing equipment
- ☐ Environmental services/consultant
- ☐ General industry consultant
- ☐ Financial/business services
- ☐ Other: _____

Briefly describe your company's services: _____

_____

What prompted you to join PCPC: _____

_____

Communication & Visibility Preferences:

Stay informed on our programs, events, and the impact of your membership! Please select how you prefer to hear from us.

Email Notifications ☐ Yes, I would like to receive email updates and newsletters.

Text Notifications ☐ Yes, I agree to receive text message notifications. *Message and data rates may apply. You can opt out at any time by texting STOP.* **Cell Phone Number**: _____

Member Directory Do you want your company listed in the online Member Directory? ☐ Yes ☐ No

Social Media Do you allow PCPC to feature and tag your company on our official social media accounts? ☐ Yes ☐ No

Areas of Interest (check all that apply):

- ☐ Advocacy & Policy
- ☐ Legal
- ☐ Regulations & Compliance
- ☐ Science
- ☐ Sustainability
- ☐ Packaging
- ☐ Global
- ☐ Communications

Personal Care Products Council

Tax ID #: 13-1390920

Invoice #: _____

2027 Associate Membership Application

Sales Certification Statement and Dues Calculation

[Dues Contact First Name] [Dues Contact Last Name]
[Company Name]
[Address 1], [Address 2], [City], [State] [Zip Code]

2027 Associate Member dues are based either on (i) 2026 U.S. sales to the cosmetic, personal care, cosmetic drug product, and fragrance industries or (ii) a flat dues category, depending on member classification as outlined in the following schedule.

Database subscriptions are NOT included in membership dues. These are separate invoices.

Enter 2026 Gross U.S. Sales Volume below:

Class	2026 Cosmetic Industry Sales	2026 U.S. Sales Volume	Base Contribution	Sales Computation			2027 Dues
1	**INGREDIENTS & PACKAGING SUPPLIERS**						
A	Up to $500,000		$1,850			=	
B	$500,001 to $1,000,000		$1,850	+	.18% of excess over $500,000	=	
C	$1,000,001 to $4 million		$2,770	+	.085% of excess over $1M	=	
D	$4,000,001 to $16 million		$5,300	+	.048% of excess over $4M	=	
E	Over $16 million		$10,460	+	.037% of excess over $16M *Maximum dues: $24,950*	=	
2	**FRAGRANCE SUPPLIERS**						
A	Up to $500,000		$1,850			=	
B	$500,001 to $1,000,000		$1,850	+	.18% of excess over $500,000	=	
C	$1,000,001 to $4 million		$2,770	+	.085% of excess over $1M	=	
D	$4,000,001 to $16 million		$5,300	+	.070% of excess over $4M	=	
E	Over $16 million		$10,460	+	.037% of excess over $16M *Maximum dues: $33,500*	=	
3	**INDUSTRY RELATED MEDIA / MAGAZINE**		$3,500			=	
4	**INDEPENDENT LABORATORY / CONSULTANT / SPECIALIZED SERVICE**		$3,275			=	

If you have questions regarding the calculation, please call (202) 454-0350 or email membership@personalcarecouncil.org.

☐ **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 = $2,800** (Not applicable for Class 3 & 4)

☐ 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]

☐ Charge My: ☐ American Express ☐ Visa ☐ MasterCard

*Card No: _____ *Exp. Date: _____ *CVV Code: _____

*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 nondeductible portion of dues for 2027 is estimated to be 18%.

☐ **I certify that the corporate dues amount** entered above is accurate. Dues include 2026 U.S. sales from parent, subsidiaries, divisions and affiliates.

Signature: _____ Date: _____

Title: _____

Return completed, signed form with payment 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.