



THE FRAGRANCE FOUNDATION

2018

**VOTING MEMBER
BUSINESS CATEGORY
MEDIA, CONSULTING FIRM, ADVERTISING, DESIGNER, ETC.**

The undersigned hereby applies for voting membership in The Fragrance Foundation and submits the following information:

**THE FRAGRANCE FOUNDATION
57 WEST 57TH STREET FL 4 NEW YORK NY 10019 TEL 212-725-2755 WWW.FRAGRANCE.ORG**

CONTACT INFORMATION

NAME OF COMPANY _____

ADDRESS _____

TITLE _____

CITY _____ STATE _____

ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

WOULD YOU LIKE YOUR COMPANY TO BE LINKED TO THE FRAGRANCE
FOUNDATION WEBSITE? YES _____ NO _____

IF YES, PLEASE ENTER YOUR COMPANY'S WEBSITE ADDRESS

RENEWAL

NEW MEMBER

ANNUAL DUES: \$6,500

ENCLOSED IS OUR MEMBERSHIP CHECK IN THE AMOUNT OF \$
CHECK MUST BE DRAWN ON A U.S. BANK WITH A U.S. ADDRESS OR A
FEDERAL BANK WIRE

NAME ON CREDIT CARD _____

CREDIT CARD NUMBER _____

SECURITY CODE _____ EXPIRATION DATE _____

*ELIGIBLE FOR FRAGRANCE FOUNDATION AWARD VOTING: 1 VOTE

PLEASE RETURN THIS APPLICATION WITH YOUR DUES TO THE FRAGRANCE
FOUNDATION

EMAIL US AT INFO@FRAGRANCE.ORG OR CALL 212-725-2755

If company is a parent, subsidiary or affiliate of another company, please provide name of parents, subsidiary or affiliate company

COMPANY'S BUSINESS _____

MANUFACTURER/DISTRIBUTOR _____

SUPPLIER _____

NUMBER OF YEARS IN BUSINESS _____

_____ APPLICANT'S SIGNATURE

_____ PRINT NAME & TITLE

PRINT NAME OF PERSON WHO WILL SERVE AS COMPANY
CONTACT _____

PRINT TITLE _____

TELEPHONE _____

FAX _____

EMAIL _____

BILLING CONTACT _____

PRINT TITLE _____

CONTACT'S EMAIL _____

CONTACT'S PHONE _____

Please provide two Fragrance Foundation member references.

REFERENCE 1 NAME _____

NAME OF COMPANY _____

ADDRESS _____

TITLE _____

CITY _____ STATE _____

ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

REFERENCE 2 NAME _____

NAME OF COMPANY _____

ADDRESS _____

TITLE _____

CITY _____ STATE _____

ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____

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