



**THE FRAGRANCE FOUNDATION**

**2019**

**FULL MEMBER  
FOR MANUFACTURERS & SUPPLIERS**

The undersigned hereby applies for full membership in The Fragrance Foundation. Dues are based on applicant's total U.S. gross volume of all fragrance and fragrance related sales, January through December.

Please check your category listed below.

CURRENT VOLUME OF US GROSS FRAGRANCE SALES	2019 DUES
OVER \$950 MILLION	\$90,000
\$850 MILLION TO \$949 MILLION	\$85,000
\$650 MILLION TO \$749 MILLION	\$70,000
\$500 MILLION TO \$649 MILLION	\$67,500
\$450 MILLION TO \$499 MILLION	\$57,500
\$350 MILLION TO \$449 MILLION	\$55,000
\$250 MILLION TO \$349 MILLION	\$52,500
\$200 MILLION TO \$249 MILLION	\$50,000
\$175 MILLION TO \$199 MILLION	\$47,500
\$150 MILLION TO \$174 MILLION	\$45,000
\$140 MILLION TO \$149 MILLION	\$42,500
\$120 MILLION TO \$139 MILLION	\$40,000
\$100 MILLION TO \$119 MILLION	\$35,000
\$80 MILLION TO \$99 MILLION	\$30,000
\$60 MILLION TO \$79 MILLION	\$25,000
\$40 MILLION TO \$59 MILLION	\$20,000
\$30 MILLION TO \$39 MILLION	\$15,000
\$20 MILLION TO \$29 MILLION	\$10,000
\$10 MILLION TO \$19 MILLION	\$7,500
\$2 MILLION TO \$9 MILLION	\$5,000
LESS THAN \$2 MILLION	\$3,000

Check must be drawn on a U.S. Bank with a U.S. address or a Federal Bank Wire

\*Eligible for Fragrance Foundation Awards votes per category:

9 VOTES - DUES FROM \$45,000 TO \$90,000

6 VOTES - DUES FROM \$35,000 TO \$42,500

3 VOTES - DUES FROM \$7,500 TO \$30,000

1 VOTE - DUES OF \$7,499 AND UNDER

THE FRAGRANCE FOUNDATION

60 EAST 56<sup>TH</sup> STREET FL 5 NEW YORK NY 10022 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

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 \_\_\_\_\_