



# **THE FRAGRANCE FOUNDATION**

## **2022 INDIE MEMBERSHIP**

The undersigned hereby applies for Indie Membership in  
The Fragrance Foundation and submits the following information:  
Membership encompasses all USA employees of the member company

Annual Dues: \$100 (January-December)

Eligible for Fragrance Foundation Award Voting: 1 Vote

All Fragrance Foundation Member general benefits are listed on our website:

[WWW.FRAGRANCE.ORG/MEMBERSHIP](http://WWW.FRAGRANCE.ORG/MEMBERSHIP)

## **COMPANY INFORMATION**

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY'S WEBSITE ADDRESS: \_\_\_\_\_

WOULD YOU LIKE YOUR COMPANY TO BE LINKED TO THE USA FRAGRANCE FOUNDATION WEBSITE?

YES \_\_\_\_\_ NO \_\_\_\_\_

ANNUAL SALES: \_\_\_\_\_

\*This special membership is only eligible for those whose annual total U.S. gross volume is less than \$250K of all fragrance and fragrance related sales.

IF COMPANY IS A PARENT, SUBSIDIARY, OR AFFILIATE OF ANOTHER COMPANY, PLEASE PROVIDE NAME OF PARENTS, SUBSIDIARIES, OR AFFILIATED COMPANIES.

COMPANY'S BUSINESS: \_\_\_\_\_

MANUFACTURER / DISTRIBUTOR / SUPPLIER: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

\_\_\_\_\_

## **CONTACT INFORMATION**

PRINT NAME OF PERSON WHO WILL SERVE AS COMPANY CONTACT.

CONTACT: \_\_\_\_\_

CONTACT'S TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING CONTACT'S NAME: \_\_\_\_\_

BILLING CONTACT'S TITLE: \_\_\_\_\_

BILLING CONTACT'S EMAIL: \_\_\_\_\_

BILLING CONTACT'S PHONE: \_\_\_\_\_

### CURRENT INVOLVEMENT IN FRAGRANCE COMMUNITY

Please describe in detail you and your company's activities as a member of the United States fragrance community and you and your company's engagement with that community.

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### FRAGRANCE BUSINESS RELATIONSHIPS

The Fragrance Foundation requires two references from prominent members of the fragrance community in the United States, preferably current members of The Fragrance Foundation in the United States. Please provide the contact information for the references below.

| REFERENCE NO. 1 |  |
|-----------------|--|
| NAME            |  |
| TITLE           |  |
| COMPANY         |  |
| ADDRESS         |  |
| PHONE           |  |
| EMAIL           |  |

| REFERENCE NO. 2 |  |
|-----------------|--|
| NAME            |  |
| TITLE           |  |
| COMPANY         |  |
| ADDRESS         |  |
| PHONE           |  |
| EMAIL           |  |

*APPLICANT ACKNOWLEDGES AND AGREES THAT THE COMPLETION OF THIS APPLICATION DOES NOT IN ANY WAY: (A) CONSTITUTE AN OFFER, (B) IMPLY ANY OBLIGATION TO GRANT A LICENSE FOR ANY THE FRAGRANCE FOUNDATION TRADEMARKS, (C) CONSTITUTE A LICENSE AGREEMENT OR ANY OTHER FORM OF PERMISSION, OR (D) GRANT ANY RIGHTS TO UTILIZE ANY THE FRAGRANCE FOUNDATION TRADEMARKS. NO SUCH AGREEMENT, RIGHTS, OR PERMISSION (EXPRESS OR IMPLIED) SHALL BE DEEMED TO HAVE BEEN GRANTED UNLESS AND UNTIL THIS APPLICATION HAS BEEN GRANTED. ANY REPRESENTATIONS, UNDERSTANDINGS, OR STATEMENTS BY THE FRAGRANCE FOUNDATION (WHETHER VERBAL OR WRITTEN) SHALL BE NOT LEGALLY BINDING, VALID, OR ENFORCEABLE. APPLICANT REPRESENTS, WARRANTS, AND COVENANTS THAT IT IS OF SOUND FINANCIAL CONDITION AND HAS THE FINANCIAL VIABILITY TO FULFILL THE DUES OBLIGATIONS DISCLOSED IN THIS APPLICATION.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

**MEMBERSHIP PAYMENT - \$100 DUE (January-December)**

**Your application will now be processed and if approved we will utilize the information below for 2022 TFF membership dues**

**CREDIT CARD**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CHECK**

Check must be drawn on a U.S. Bank with a U.S. address and sent to:  
60 East 56th Street, 5th Floor, New York, NY 10022

**Please return this application to  
The Fragrance Foundation  
Christina Iwasko  
Senior Director – Membership, Awards & Administration  
christina@fragrance.org**