



**THE FRAGRANCE
FOUNDATION**

**RETAILER MEMBERSHIP
2023 ENROLLMENT**

The undersigned hereby applies for Retailer Membership in The Fragrance Foundation

Membership encompasses all USA employees of the member company

ALL FRAGRANCE FOUNDATION MEMBER BENEFITS ARE LISTED ON OUR WEBSITE:

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 USA FRAGRANCE SALES: _____

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

COMPANY'S BUSINESS: _____

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.

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 PLEASE ENCLOSE PAYMENT IN THE AMOUNT OF \$6,500

Your application will now be processed and if approved we will utilize the information below for 2023 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

BANK WIRE

Contact Christina Iwasko christina@fragrance.org for wire transfer information.

**Please return this application to The Fragrance Foundation to
christina@fragrance.org**