



**THE FRAGRANCE
FOUNDATION**

**MEMBERSHIP
2025 ENROLLMENT**

The undersigned hereby applies for 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.
Membership encompasses all USA employees of the member company.

Please check your category listed below:

CURRENT VOLUME OF US GROSS FRAGRANCE SALES	2025 DUES	VOTES *	<input checked="" type="checkbox"/>
OVER \$950 MILLION	\$90,000	18	
\$850 MILLION TO \$949 MILLION	\$85,000	18	
\$650 MILLION TO \$849 MILLION	\$70,000	18	
\$500 MILLION TO \$649 MILLION	\$67,500	18	
\$450 MILLION TO \$499 MILLION	\$57,500	18	
\$350 MILLION TO \$449 MILLION	\$55,000	18	
\$250 MILLION TO \$349 MILLION	\$52,500	18	
\$200 MILLION TO \$249 MILLION	\$50,000	18	
\$175 MILLION TO \$199 MILLION	\$47,500	18	
\$150 MILLION TO \$174 MILLION	\$45,000	18	
\$140 MILLION TO \$149 MILLION	\$42,500	12	
\$120 MILLION TO \$139 MILLION	\$40,000	12	
\$100 MILLION TO \$119 MILLION	\$35,000	12	
\$80 MILLION TO \$99 MILLION	\$30,000	6	
\$60 MILLION TO \$79 MILLION	\$25,000	6	
\$40 MILLION TO \$59 MILLION	\$20,000	6	
\$30 MILLION TO \$39MILLION	\$15,000	6	
\$20 MILLION TO \$29 MILLION	\$10,000	6	
\$10 MILLION TO \$19 MILLION	\$7,500	6	
\$2 MILLION TO \$9 MILLION	\$5,000	2	
\$1MILLION TO \$2 MILLION	\$3,000	2	
\$251K TO \$1 MILLION	\$1,000	2	

Eligible for Fragrance Foundation Awards voting,
for the appropriate categories voted on by members.

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 _____

RENEWAL: _____ NEW MEMBER: _____

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: _____

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: _____

Your application will now be processed and if approved we will utilize the information below for 2025 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 Allison Wheatley via email at: Allison@fragrance.org for wire transfer information.

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