



THE FRAGRANCE FOUNDATION

2026 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

Company applying for membership must have annual gross fragrance

sales of \$100K - \$249K USA Sales Dollars

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

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: _____

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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: _____

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

Your application will now be processed and if approved we will utilize the information below for 2026 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
Allison Wheatley
Senior Director – Finance, Membership, Awards & Administration
allison@fragrance.org**