



INDEPENDENT
COSMETIC
MANUFACTURERS
AND
DISTRIBUTORS, INC.

TEL: 847-991-4499
1-800-334-2623
FAX: 847-991-8161
E MAIL: info@icmad.org
1220 West Northwest Highway, Palatine, IL 60067-1803

Membership Application

Note: Please answer all questions and include requested attachments (if applicable).

1. Company _____
2. Mailing Address _____
3. Business Location () Same _____
Additional Locations: _____
4. Telephone Number _____ Fax Number _____ E Mail _____
5. Business Type: () Individual () Partnership () Corporation () Joint Venture
6. How Long in Business Under Present Name? _____ At this Location? _____
7. If your firm has been in business three years or less, please attach resume or biography of principal(s) experience in the cosmetic industry.
8. Categorize your company: () Private Label Manufacturer () Contract Manufacturer () Brand Name Manufacturer () Sales Rep
() Cosmetic Distributor () Cosmetic Importer/Exporter () Trade Journal () R&D/Testing () Supplier of Components () Formulator
() Retail Establishment () Consultant () Other: please describe _____
9. List Full Name and Title of Your Company's Officers: _____

10. List Your Principal Products. _____ (If branded, please specify)
11. Approximate Number of Employees _____
12. Your annual dues are based on your annual sales. Please check the appropriate box. **Note: To have your application considered, dues must be enclosed.**

Annual Sales:

- () Over \$10 million
- () \$5 Million to \$9,999,999
- () \$1 Million to \$4,999,999
- () \$500,000 to \$999,999
- () Less than \$500,000

Annual Dues:

- \$1850
- \$1500
- \$1200
- \$ 750
- \$ 450 (same for start up companies)

13. How are your products being sold? () Salons () Wholesale () Private Label Distributors () Beauty Supply Stores () TV Sales
() Mail Order () Mass Market () Drug/Chain Stores () Department Stores () Other, please describe: _____
14. Are you interested in exporting your products? ____ Yes ____ No If yes, where? _____
15. How did you hear about ICMAD? _____
16. Which ICMAD member referred you? _____
17. Applicant has read the Code of Ethics and agrees to abide by them? () Yes () No

Signature of Applicant _____

I have enclosed a check for \$ _____.

Please bill my credit card: _____ Visa _____ Mastercard _____ American Express

Card No. _____ Exp. Date _____

Signature _____

Name on Card (Please Print): _____

All applications for membership must be approved by a majority of the ICMAD Board of Directors. Each company is entitled to one vote at the ICMAD annual meeting. Proxy ballots are issued 30 days prior to the meeting.

I understand that membership may be terminated at any time at the sole discretion of the Board of Directors if the Board concludes that the member has violated the Code of Ethics or the By-Laws of the association.