



Membership Application

Please answer all questions and send your application to ICMAD, 21925 Field Parkway, Suite 205, Deer Park, IL. 60010. Or fax 847-991-8161. Questions? Email info@icmad.org or call 847-991-4499.

Company Name _____

Mailing Address _____

Telephone _____ Fax Number _____

Email _____ Business Email _____ Website _____

Business Address _____ Same as Mailing Address _____ Additional Location _____ Yes _____ No

Mailing Address _____

Telephone Number _____ Fax Number _____

How Long in Business Under Present Name? _____ Number of Employees _____

Estimated Annual Sales _____ Brand Name _____

If your firm has been in business less than three years, attach a resume/biography of the principal(s) experience in the cosmetic industry.

Products:

- Baby Bath Products Bottles/Jars/Components Brushes/Applicators Chemicals/Colorants Dentifrices
 Eye Make Up Face Make Up Fragrance Hair Hair Coloring Hygiene Products Lab Services Labels
 Manicuring Mouthwashes Nail Products OTC Products Sunscreen/Suntan Shaving Skin Care
 Technical/Regulatory/Legal Services Testing Trade Shows Other _____

Distribution Channels

- Beauty Supply Stores Club Stores Department Store Food/Drug/Chain Store Mail Order/Web/Catalog
 Mass Market Private Label Distributor Professional Office Salons Specialty Stores
 TV/Direct to Consumer Wholesale Other _____

Business Category field is used in the Call Me First Directory, member lookup. Please choose all that apply:

- Brand Name Manufacturer Brand Name Marketer Contract Manufacturer Distributor Environmental Service
 Financial Business Service Fragrance Supplier Fulfillment/Distribution Service Importer/Exporter
 IT/Software Ingredient Supplier Private Label Manufacturer Law Firm Marketing Consultant
 Media/Magazine/Trade Journal R&D Formulation Service Retailer Sales Rep Testing Service
 Technical Regulatory Consultant Other _____

Demographic Information: Please provide name, phone, email and who is the secondary contact.

CEO/President/Partner _____

Accounting/Billing _____

Import/Export _____

Legal _____

Q&A/R&D _____

Primary Contact _____

Regulatory _____

Sales/Marketing _____

Are you interested in exporting your products ____ Yes ____ No Where? _____

How did you hear about ICMAD? _____

I have read the Code of Ethics and agree to abide by them. ____ Yes

Signature of Applicant _____

Dues Category (Please check the appropriate box. Dues are based on your annual sales.)

- | | |
|--|---|
| <input type="checkbox"/> \$495 = Less than \$500,000 in sales/start up | <input type="checkbox"/> \$2425 = \$10 Million to <\$25 Million |
| <input type="checkbox"/> \$895 = \$500,000 to \$999,999 in sales | <input type="checkbox"/> \$3025 = \$25 Million to <\$100 Million |
| <input type="checkbox"/> \$1425 = \$1 million to \$4,999,999 in sales | <input type="checkbox"/> \$3925 = \$100 Million to <\$250 Million |
| <input type="checkbox"/> \$1925 = \$5 Million to \$9,999,999 in Sales | <input type="checkbox"/> \$5825 = >\$250 Million |

Enhanced Directory Listing Option. \$50/year. Please refer to website, www.icmad.org, for additional information.

Payment Information

I have enclosed a check for: \$ _____

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

Card No. _____ Exp. Date _____ Security Code _____

Signature: _____

Name on the Card (Please Print): _____

Is this a business card? ____ Yes ____ No

If no, please provide billing address _____

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. ICMAD membership may be terminated at any time at the sole discretion of the Board of Directors if the Board concludes that the member had violated the code of Ethics or the by-laws of the association.

ICMAD's fiscal year is July 1 to June 30. You pay one year's dues when you join, regardless of the date. ICMAD will send you a prorated renewal statement for your second year of membership. Around May 1, you will receive your first invoice. Call ICMAD if you have any questions 800-334-2623.

To represent, educate and foster the growth and profitability of entrepreneurial companies in the cosmetic and personal care industries worldwide.



**The Independent Cosmetic Manufacturers
and Distributors, Inc. (ICMAD)**

CODE OF ETHICS

- Promote and encourage the highest level of ethics within the cosmetic industry.
- Maintain loyalty to the association and pursue its objectives in ways that are consistent with the public interest.
- Recognize and discharge our responsibilities as members to uphold all laws and regulations relating to the manufacture and distribution of cosmetic products that are as safe and effective as possible for the consumer.
- Operate our businesses utilizing ingredients and packaging consistent with the goal of preserving and protecting the environment.
- Produce our products in accordance with Good Manufacturing practices (GMPs).
- Use only legal and ethical means in all business activities.
- Not countenance discrimination on the basis of race, sex, age, religion, national origin, sexual orientation or disability.
- Use every opportunity to improve public understanding of the role ICMAD plays in representing the needs and concerns of the entrepreneur in the cosmetic industry.

This Code of Ethics for members of ICMAD was adopted by the Board of Directors on September 7, 1995 to promote and maintain the highest standards of service and personal conduct among its members. Adherence to these standards serves to assure public confidence in the integrity of the cosmetic industry.