



Membership Application

CANADIAN COSMETIC, TOILETRY AND FRAGRANCE ASSOCIATION

420 Britannia Road East, Suite 102, Mississauga, Ontario L4Z 3L5 • Tel: (905) 890-5161 • Fax: (905) 890-2607

Company Name – English: _____

Company Name – French: _____

Primary Address: _____

City: _____ Prov: _____ P.Code: _____

Tel: _____ Fax: _____ Website: _____

Class of Membership:

See Attached Dues Assessment Forms for Details

- Active** (engaged in the sale in Canada of cosmetics, toiletries or fragrances bearing brand names owned by the applicant, or for which the applicant has exclusive rights)
- Custom Manufacturers** (companies who do not qualify for Active (per above) membership, and are engaged in supplying finished cosmetic, toiletry and/or fragrance products to the industry)
- Associate** (engaged in supplying finished products, component ingredients, supplies or services to the industry or, are engaged in supplying regulatory guidance counseling to member companies in the industry – (Choose Option A or Option B, see forms for details))
- Retail** (engaged in the sale of cosmetics, toiletries or fragrances to consumers in general retail outlets owned or operated by the applicant – Choose Option A or Option B, see forms for details)

Nature of Business/Brands: _____

Official Representatives (who will be placed on the CCTFA mailing list):

- | | | |
|---|--------------|---------------|
| 1. Name: _____
(authorized to vote and referred to as Senior Representative) | Title: _____ | E-mail: _____ |
| 2. Name: _____ | Title: _____ | E-mail: _____ |
| 3. Name: _____ | Title: _____ | E-mail: _____ |
| 4. Name: _____ | Title: _____ | E-mail: _____ |
| 5. Name: _____ | Title: _____ | E-mail: _____ |

Official Representatives (not active in the Association who will not be placed on the CCTFA mailing list, but will be listed in the CCTFA Membership Directory for the information of other members in the industry):

- | | | |
|----------------|--------------|---------------|
| 1. Name: _____ | Title: _____ | E-mail: _____ |
| 2. Name: _____ | Title: _____ | E-mail: _____ |

Name: _____ Signature: _____ Date: _____
Official representative authorizing application

Dues must accompany application. Dues are payable for the calendar year (January-December).

Please return to the above address:

- Completed Membership Application
- Completed Dues Assessment Form applicable to the category of membership
- Membership fees payable to CCTFA
- Member Profile