



CANADIAN COSMETIC, TOILETRY
AND FRAGRANCE ASSOCIATION

ASSOCIATION CANADIENNE DES COSMÉTIQUES,
PRODUITS DE TOILETTE ET PARFUMS

2011 ASSOCIATE MEMBERSHIP - DUES ASSESSMENT FORM

Company Name:

Address:

ASSOCIATE MEMBER OPTIONS

Option A:

Represents all current services and benefits, **including** ongoing updates and access to Regulatory Affairs information/personnel.

Option B:

Represents all current services and benefits, **excluding** ongoing updates and access to Regulatory Affairs information/personnel.

Please choose Option A or B and remit dues accordingly.

Option A:

Dues for the fiscal period January 1, 2011 to December 31, 2011

\$2,472.00

Add: Applicable tax based on your billing address

ON/NL/NB, U.S. & Intl.: 13% HST

BC: 12% HST, NS: 15% HST

QC & Other provinces: 5% GST

(REGISTRATION NO.10684 4814 RT0001)

\$ _____

Total Remittance

\$ _____

Option B:

Dues for the fiscal period January 1, 2011 to December 31, 2011

\$1,905.00

Add: Applicable tax based on your billing address

ON/NL/NB, U.S. & Intl.: 13% HST

BC: 12% HST, NS: 15% HST

QC & Other provinces: 5% GST

(REGISTRATION NO.10684 4814 RT0001)

\$ _____

Total Remittance

\$ _____

Enclosed is a cheque made payable to CCTFA in the amount of \$ _____

Please charge my credit card: Visa Amex MasterCard

Card No: _____ Exp. Date: _____

MM/YR

Name on Card: _____ Signature: _____

Name: _____ Title: _____

Phone: _____ Email address: _____

Signature: _____ Date: _____

Kindly return this form with payment to:

CCTFA, Attention: Director of Finance, 420 Britannia Road E, Suite 102, Mississauga, Ontario L4Z 3L5