



CANADIAN COSMETIC, TOILETRY
AND FRAGRANCE ASSOCIATION

ASSOCIATION CANADIENNE DES COSMÉTIQUES,
PRODUITS DE TOILETTE ET PARFUMS

2011 CUSTOM MANUFACTURER MEMBERSHIP - DUES ASSESSMENT FORM

Company Name:

Address:

Sales Certification Statement and Dues Calculation

Custom Manufacturing Member dues are based on all Canadian sales at retail (manufacturer's selling price), for the member company's last fiscal year, of personal care products including but not limited to: all cosmetics, fragrances, toiletries, hair care, skin care and nail care products, "cosmetic-like" drug and natural health products (including product categories such as toothpaste, anti-dandruff, diaper rash, sun care/SPF, acne, antiseptic skin cleansers, and medicated skin care). Sales of these products by all parent/subsidiaries/divisions/affiliates must be included in the dues computation. Dues are payable for the calendar year (January-December).

Class	Canadian Sales - Last Fiscal Year	Dues Base	Sales Computation	2011 Dues
1	Up to \$15,000,000	\$3,090		= \$
2	\$15,000,001 to \$25,000,000	\$3,090	+ 0.01607% of excess over \$15,000,000	= \$
3	\$25,000,001 to \$50,000,000	\$4,697	+ 0.00752% of excess over \$25,000,000	= \$
4	\$50,000,001 to \$100,000,000	\$6,577	+ 0.00451% of excess over \$50,000,000	= \$
6	\$100,000,001 to \$250,000,000	\$8,832	+ 0.00313% of excess over \$100,000,000	= \$
7	\$250,000,001 to \$500,000,000	\$13,527	+ 0.00299% of excess over \$250,000,000	= \$
8	\$500,000,001 and over	\$21,002	+ 0.00297% of excess over \$500,000,000	= \$
SUB-TOTAL (MINIMUM \$3,090)				= \$
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				= \$

Example of computation for company with sales of \$17,500,000

2	\$15,000,001 to \$25,000,000	\$3,090	+ 0.01607% of excess over \$15,000,000	= \$3,491.75 + applicable tax
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Enclosed is a cheque made payable to CCTFA in the amount of \$_____ determined by the above dues schedule.

Please charge my credit card: Visa Amex MasterCard

Card No: _____ Exp. Date: _____
MM/YR

Name on Card: _____ Signature: _____

I certify that the amount entered above is the correct amount due to the CCTFA for Membership Dues for my company/
parent/subsidiaries/divisions/affiliates and that I have included all Canadian sales of personal care products, as described above, for
the last fiscal year in my computation.

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