**IFRA Supporting Membership**

*Application Form*

*To become a supporting member, please complete the following form and send it back to us.*

*To fill in the various fields of this questionnaire, click on the greyed-out areas and type your answers. If you have any problems using this form, please contact the IFRA team.*

*Once you have filled in this questionnaire, please return it by email to* [*info@ifrafragrance.org*](mailto:info@ifraorg.org)*.*

**Completed by:**  Click or tap here to enter text.

**Date:**  Click or tap to enter a date.

**Important**

*Declaration: fulfilment of conditions of application*

***Please note that this page must be fully completed for this application form to be valid.***

***Click the boxes to confirm the following statements and complete the name, date and signature.***

I confirm that I represent a fragrance manufacturer company

I confirm that my company will adhere to and scrupulously apply the IFRA Code of Practice and the IFRA Standards

I confirm that my company will pay an annual fee of €1000, and will receive access to relevant IFRA membership services

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** Click or tap here to enter text.

**Date:**  Click or tap to enter a date.

*Part 1*

**Company name and contact details**

**Company name:** Click or tap here to enter text.

**Address of headquarters:** Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Fax (+ international code):** Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**Contact person or people:** Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

*Part 2*

**Management staff details**

Please provide us with a list of Board members, with designation of key roles (President, Treasurer, etc.) You may either use the table below or attach a separate document.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**Job title:** Click or tap here to enter text.

**Telephone (+ international code):** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

*Part 3*

**Company profile**

**Year of foundation:**

Click or tap here to enter text.

**Please list the main activities of the company** *(e.g. manufacturing, trading distribution) and the types of materials produced (e.g. aroma chemicals):*

* 1. Click or tap here to enter text.
  2. Click or tap here to enter text.
  3. Click or tap here to enter text.
  4. Click or tap here to enter text.
  5. Click or tap here to enter text.
  6. Click or tap here to enter text.
  7. Click or tap here to enter text.
  8. Click or tap here to enter text.
  9. Click or tap here to enter text.
  10. Click or tap here to enter text.

**Please list the countries where the company is present (with at least a sales office):**

Click or tap here to enter text.

**Please list the key countries to which the company exports fragrances:**

Click or tap here to enter text.

**Estimated turnover of the company:**

Click or tap here to enter text.

**Headcount of the company:**

Click or tap here to enter text.

**Please provide a short description of the company and its history:**

Click or tap here to enter text.

*Part 4*

**Company memberships**

**Is there a fragrance association in the country where the company is registered?**

Choose an item.

**⮩ If Yes, is the company a member of this fragrance association?**

Choose an item.

**Is the company a member of other national, regional or international bodies?**

Choose an item.

**⮩ If Yes, please name the bodies and their principal activities:**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
7. Click or tap here to enter text.
8. Click or tap here to enter text.
9. Click or tap here to enter text.
10. Click or tap here to enter text.

*Part 5*

**Quality assurance**

**Please outline quality systems used for manufacturing processes (e.g. ISO):**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.
6. Click or tap here to enter text.
7. Click or tap here to enter text.
8. Click or tap here to enter text.
9. Click or tap here to enter text.
10. Click or tap here to enter text.

*Part 6*

**Sponsors**

**This application is being sponsored by the following two IFRA Regular Members (please indicate, for each sponsor, the name of the company, its address details, the name of the contact person):**

You may either use the space below or attach a separate document.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** Click or tap here to enter text.

**Company name:** Click or tap here to enter text.

**Date:**  Click or tap to enter a date.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** Click or tap here to enter text.

**Company name:** Click or tap here to enter text.

**Date:**  Click or tap to enter a date.