

MEMBERSHIP FORM 2024

YOUR PERSONAL INFORMATION

Last Name : First Name:.....
 Position : Phone :
 Email (*compulsory*) :

YOUR COMPANY

Company :

What letter do you want your company to be listed in the directory of the members you find on the www.cosmed.fr?
 A – B – C – D – E – F – G – H – I – J – K – L – M – N – O – P – Q – R – S – T – U – V – W – X – Y – Z

Address :
 ZIP : City :
 Phone :
 Generic E-mail of the company: (*info@, contact@*).....
 Web site : **www.**.....
 Size of company:
 VAT number :

Does your company belong to a group ? If so, which one ? :

Company's total workforce (*All companies with cosmetic activity*) :

Origin of membership :

Cosmed Regulatory monitoring	Professional association	Trade Exhibitions	Word of mouth
Web site	COSMED Webinar	Cosmed Events	

YOUR ACTIVITY

What is the main activity of your company? *(Compulsory mention)*

1 OWN BRAND

Own brand

2 SOAP MAKERS

Soaps own brands
 Soaps subcontractors

3 LABORATORIES

Assay and test

4 SUPPLIER

Ingredients Supplier
 Packaging Supplier
 Laboratory machine

5 SUBCONTRACTORS

Formulation Subcontractors
 Manufacturing Subcontractors
 Packaging Subcontractors

6 CONSULTANTS

Regulatory consultant
 Other :

7 DISTRIBUTORS

Retail outlet
 other :

8 TRAINING

.....

Details of your activity: (optional mentions, information visible in your business profile on the www.cosmed.fr)

.....

Indicate the brands you manufacture and/or sale

.....

YOUR CONTACTS

Services	Last name	First Name	Position	Phone	E-mail
Executive Management					
Regulatory Affairs					
R&D					
Manufacturing & quality					
Accounting					
Export					
Purchase					
Human resources					
Marketing & Commercial					

YOUR CONTRIBUTION

I request my membership in the COSMED Association and acknowledge having read the COSMED statutes available on the www.cosmed.fr and have taken good note of the obligations incumbent on me.

CONTRIBUTION RATES 2024 *(From January 1st to December 31 2024)*

<input type="checkbox"/> Company from 1 to 9 employees	380€
<input type="checkbox"/> Company from 10 to 49 employees	1070€
<input type="checkbox"/> Company from 50 to 199 employees	2745€
<input type="checkbox"/> Company of over 200 employees	3515€

For groups, the numbers taken into account are those of all companies with a cosmetic activity constituting the group.

Bulletin to be completed and returned to us, accompanied by copy of the banking transfer:

Banking transfer Information : IBAN FR 76 1009 6180 6200 0522 6780 162 BIC : CMCIFRPP

Signature and stamp of the company

To Date/...../.....

The information collected through this membership bulletin is processed by COSMED for the execution of its missions and the sending of information in the form of newsletters, email communication, and publication of a directory. In accordance with the regulations in force, you benefit from your data the following rights, right of access and rectification to the information concerning you, a right to the deletion of data, to the limitation of the treatment and a right of opposition to treatment in the cases provided for in the regulations; the right to lay down guidelines on the fate of his personal data after his death; a right to the portability of your data the right to lodge a claim with the CNIL; the right to oppose the receipt of newsletters or communications. For more information, please do not hesitate to consult our privacy policy on the website www.cosmed.fr.