

# CRN Associate Membership Application

Application revised October 2024



**Council for Responsible Nutrition**

*The Science Behind the Supplements*



The Council for Responsible Nutrition (CRN) is the leading trade association representing ingredient suppliers and manufacturers and marketers of dietary supplements and functional foods. CRN and its members are committed to providing consumers with safe, effective products made to quality standards. CRN's mission is to sustain and enhance a climate for our member companies to responsibly develop, manufacture and market dietary supplements and their ingredients. We are pleased to consider new members who share our values and goals for the industry and our commitment to our consumers.

**To become an Associate Member of CRN, complete and return this application to CRN. Applications require the approval of CRN's Board of Directors.**

## 1. Tell us about your company

### **Company Information**

Company Name (as it should appear on our membership roster)

\_\_\_\_\_

Headquarters Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Company Website \_\_\_\_\_ Company Phone Number \_\_\_\_\_

### **Primary Contact Information**

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

Address (check if same as headquarters)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### **President/CEO Information**

Company President / CEO Name \_\_\_\_\_

Full Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### **Billing Contact Information**

Billing Contact \_\_\_\_\_ Title \_\_\_\_\_

Billing Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

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**Facilities Information** (If more than two, please attach separate sheet with information)

Facility Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Facility Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Provide a brief paragraph describing your company and its business (or attach separate page):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Determine your company's dues – ASSOCIATE MEMBERS

**Associate Members**—Any company or person who supplies services, products (other than dietary ingredients) or other support to a company or person eligible for Voting Membership is eligible for Associate Membership. This includes testing laboratories, consultants, law firms, packaging manufacturers, machinery providers, consumer research firms, trade media, advertising agencies and many others. A company who manufactures a dietary supplement, functional food or nutritional ingredient or markets or distributes a dietary supplement, functional food or nutritional ingredient under its own brand qualifies as a Voting Member of CRN and may not join as an Associate Member.

**Dues for Associate Members are based on the size of the firm. Please estimate the number of fulltime equivalent staff positions who work on matters related to dietary supplements and functional foods.**

SIZE OF FIRM	CRN ASSOCIATE MEMBER DUES
<b>Independent (1 person)</b>	<b>\$1,850</b>
<b>Team (2–5 fulltime equivalent staff)</b>	<b>\$3,100</b>
<b>Consultancy (6–9 fulltime equivalent staff)</b>	<b>\$6,150</b>
<b>Firm (10+ fulltime equivalent staff)</b>	<b>\$9,188</b>
<b>TOTAL DUES. CRN will invoice.</b>	\$ _____

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**Taxability of Trade Association Dues:** *CRN is a not for profit 501(c)(6) organization. Membership dues and contributions to CRN are not deductible as charitable contributions for federal income tax purposes, but may be partially deductible as a business expense. That portion of membership dues attributable to lobbying activity is not tax deductible.*

### 3. Sign and certify the information provided

*This renewal must be signed by an officer or senior executive in your company. Membership dues are non-refundable once the renewal has been submitted.*

I certify that the information included with this application is accurate and complete to the extent of my knowledge.

I have read and understand the [CRN Bylaws](#) and agree that my company will abide by the terms and conditions of membership specified therein. I understand that failure to comply with the Bylaws and CRN's policies may subject my company to disciplinary action by CRN.

I have read and understand the [CRN Code of Ethical Principles](#) and attest that my company pledges its commitment to comply with this Code of Ethical Principles

**Company Contact** (please print) \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### 4. Send CRN the completed application, dues, and supporting documents

**BY MAIL:** Gretchen Powers, Vice President, Marketing and Member Experience, Council for Responsible Nutrition, 1828 L Street, NW, Suite 810, Washington, DC 20036

**BY EMAIL:** [gpowers@crnusa.org](mailto:gpowers@crnusa.org)