CRN Associate Membership Application

Application revised 2026

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 _____

CRN Associate Membership Application

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 manufacturers 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
Independent (1 person)	**$2,050**
Team (2–5 fulltime equivalent staff)	**$3,400**
Consultancy (6–9 fulltime equivalent staff)	**$6,800**
Firm (10+ fulltime equivalent staff)	**$10,150**
TOTAL DUES. CRN will invoice.	$ _____

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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

Please email **Gretchen Powers**, CRN Vice President, Marketing and Member Experience: **gpowers@crnusa.org**