

The Vision Council

The Vision Council represents the manufacturers and suppliers of the optical industry. We offer a wide variety of resources and tools to help our members succeed in their businesses, from research to training to industry networking events. As a voice for the supply side of the optical industry, The Vision Council serves as a liaison with consumers and provides education about the importance of vision care and the options available in vision care products.

Membership Application

Company: _____
Key Contact Name: _____
Title: _____
Address 1: _____
Address 2: _____
City/State/Zip: _____
Telephone: _____
Fax*: _____
Email: _____
Website: _____

** I understand that by providing the fax number above on behalf of my company/organization, I agree to receive faxes sent by or on the behalf of The Vision Council.*

Referred by: _____

(Please select all that may apply):

Professional Interests:

- | | |
|---|---|
| <input type="checkbox"/> Industry Statistics | <input type="checkbox"/> Information Services (Computers) |
| <input type="checkbox"/> Finance/Administration | <input type="checkbox"/> Vision Expo Contact |
| <input type="checkbox"/> Technical Issues | <input type="checkbox"/> Marketing /Sales |
| <input type="checkbox"/> Brand Information | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Product Development | <input type="checkbox"/> Product Placement |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Public Relations |

Division:

- | | |
|--|--|
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Lens |
| <input type="checkbox"/> Sunglass and Reader | <input type="checkbox"/> Lens Technology |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Trade Media |
| <input type="checkbox"/> Eyewear and Accessories | |

We sell/service the following products:

- | | |
|---|---|
| <input type="checkbox"/> Ophthalmic Frames (fronts and temples) | |
| <input type="checkbox"/> Optical Instruments | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Ophthalmic Lenses | <input type="checkbox"/> Spectacle Cases |
| <input type="checkbox"/> Optical Equipment | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Laboratories | <input type="checkbox"/> Other (please specify) _____ |

1-Additional Company Contacts:

(Please add any additional personnel on a separate sheet)

Name: _____
Title: _____
Address 1 (if different from Key Contact): _____
Address 2: _____
City/State/Zip: _____
Telephone: _____
Fax: _____
Email: _____

Professional Interests *(Please select all that may apply):*

- | | |
|---|---|
| <input type="checkbox"/> Industry Statistics | <input type="checkbox"/> Information Services (Computers) |
| <input type="checkbox"/> Finance/Administration | <input type="checkbox"/> Vision Expo Contact |
| <input type="checkbox"/> Technical Issues | <input type="checkbox"/> Marketing /Sales |
| <input type="checkbox"/> Brand Information | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Product Development | <input type="checkbox"/> Product Placement |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Public Relations |

2-Additional Company Contacts:

(Please add any additional personnel on a separate sheet)

Name: _____
Title: _____
Address 1 (if different from Key Contact): _____
Address 2: _____
City/State/Zip: _____
Telephone: _____
Fax: _____
Email: _____

Professional Interests *(Please select all that may apply):*

- | | |
|---|---|
| <input type="checkbox"/> Industry Statistics | <input type="checkbox"/> Information Services (Computers) |
| <input type="checkbox"/> Finance/Administration | <input type="checkbox"/> Vision Expo Contact |
| <input type="checkbox"/> Technical Issues | <input type="checkbox"/> Marketing /Sales |
| <input type="checkbox"/> Brand Information | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Product Development | <input type="checkbox"/> Product Placement |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Public Relations |



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Membership Types

(Please select one below):

Full Member: Available to any person, firm or corporation conducting business in North America whose primary business is the manufacturing, processing and/or distribution of optical equipment, frames, lenses, contact lenses and other eyewear and eyecare related products and/or services, and who exhibits at one trade event sponsored by The Vision Council each calendar year.

Exhibit Information: Our company is a paid exhibitor at the following trade show:

- International Vision Expo East
- International Vision Expo West

Associate Member: Available to any person, firm or corporation who provides services to the optical industry, or any person, firm or corporation who meets the description of a Full Member but who is not a current exhibitor at a trade event sponsored by The Vision Council.

Trade Media Member: Available to any person, firm or corporation providing trade media service to Full or Associate Members of The Vision Council. Dues: \$3,000.

Laboratory Membership: Available to any wholesale or retail laboratory conducting business in North America. Dues: \$1,000.

Laboratory applicants please check below for special pricing:

- My lab is a member of a laboratory association that is a member of The Vision Council/my parent company is a member of The Vision Council. I'm eligible for a 25% discount on membership. Dues: \$750
- My lab is a member in good standing of the Optical Laboratories Association. I am eligible for a 25% discount on The Vision Council membership. Dues: \$750
- My lab meets the two criteria above. I'd like to join The Vision Council at a 50% discount. Dues: \$500

Full and Associate Members Dues Schedule Only

Annual Sales in North America	Dues Rate
\$5,000,000 and Below	\$2,000
\$5,000,001 - \$10,000,000	\$3,500
\$10,000,001 - \$15,000,000	\$5,000
\$15,000,001 - \$20,000,000	\$6,500
\$20,000,001 - \$25,000,000	\$8,000
\$25,000,001 - \$30,000,000	\$9,500
\$30,000,001 - \$35,000,000	\$11,000
\$35,000,001 - \$40,000,000	\$12,500
\$40,000,001 - \$45,000,000	\$14,000
\$45,000,001 - \$50,000,000	\$15,500
\$50,000,001 - \$55,000,000	\$17,000
\$55,000,001 - \$60,000,000	\$18,500
\$60,000,001 - \$65,000,000	\$20,000
\$65,000,001 - \$70,000,000	\$21,500
\$70,000,001 - \$75,000,000	\$23,000
\$75,000,001 - \$80,000,000	\$24,500
\$80,000,001 and above	\$25,000

Membership Payment

Primary Financial Contact (for The Vision Council dues):

Annual Sales (confidential): _____

Dues Rate: _____

Billing (Please select one):

- Annual Billing
- Quarterly Billing (Available to organizations paying \$2,000+ in dues)
- Check Payment (Payable to The Vision Council)
- Credit Card Payment (Please select one):
 - American Express
 - MasterCard
 - Visa

Credit Card Number: _____

Expiration Date: _____

Total to be Charged: _____

Name as it Appears on Card: _____

Authorized Signature: _____

We hereby apply for membership as a full/associate/laboratory/trade media member in The Vision Council and agree to abide by its bylaws, to comply with all provisions thereof and to pay all such dues and assessments as may be levied there under by action of the regular members. We certify that the above information is true and correct to the best of our knowledge.

Name: _____

Title: _____

Date: _____

Please remit completed application to:

The Vision Council
Attention: Member Services
1700 Diagonal Rd, Suite 500
Alexandria, VA 22314

For added convenience, completed applications may be faxed to The Vision Council at 703.548.4580, Attention: Member Services.



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