

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: _____

Division:

- | | |
|---|---|
| <input type="checkbox"/> Sunglass & Reader | <input type="checkbox"/> Lens Processing Technology |
| <input type="checkbox"/> Optical Lab | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Eyewear & Accessories (Frames) | <input type="checkbox"/> Trade Media/Press |
| <input type="checkbox"/> Lens | <input type="checkbox"/> Supplier (Services) |

Eyewear and Accessories Division: Focuses on promoting eyewear as a fashion accessory, manufacturing standards and regulations and industry benchmarking.

Lens Division: Creates standards and regulations, reviews lens-specific manufacturing issues and educates eye care professionals and consumers about lens technologies.

Lens Processing Technology Division: Monitors and establishes industry standards and creates industry-accepted compliance procedures.

Low Vision Division: Works to raise awareness of low vision rehabilitation among eye care professionals, visually impaired consumers and their caregivers.

Sunglass and Reader Division: Promotes the fashion and function of sunwear and readers and provides guidance on standards and regulations.

Optical Lab Division: Provides information, publications, education, and programs to help members operate and improve their business and their lab operations.

(Please select all that may apply):

Professional Interests:

- | | |
|---|--|
| <input type="checkbox"/> Market Research | <input type="checkbox"/> Regulatory Affairs |
| <input type="checkbox"/> Finance/Administration | <input type="checkbox"/> Tradeshows |
| <input type="checkbox"/> Technical Issues/Standards | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Public Relations/Brands | <input type="checkbox"/> Professional Development/Training |
| <input type="checkbox"/> Product Development | |

We sell/service the following products:

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

Additional Company Contacts:

(Please add any additional personnel on page 3 of this application)

Name: _____

Title: _____

Address 1 (if different from Key Contact): _____

Address 2: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

(Please select all that may apply):

Professional Interests:

- | | |
|---|--|
| <input type="checkbox"/> Market Research | <input type="checkbox"/> Regulatory Affairs |
| <input type="checkbox"/> Finance/Administration | <input type="checkbox"/> Tradeshows |
| <input type="checkbox"/> Technical Issues/Standards | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Public Relations/Brands | <input type="checkbox"/> Professional Development/Training |
| <input type="checkbox"/> Product Development | |



THE VISION COUNCIL

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.

Full and Associate Members Dues Schedule Only

Annual Sales in North America	Dues Rate
\$2,000,000 and Below	\$1,000
\$2,000,001 - \$3,000,000	\$1,500
\$3,000,001 - \$5,000,000	\$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):

Email address: _____

Phone number: _____

Annual Sales (confidential): _____

Dues Rate: _____

Billing (Please select one):

- Annual Billing
- Quarterly Billing
- 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/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
225 Reinekers Lane, Suite 700
Alexandria, VA 22314

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

Visit www.thevisioncouncil.org/members to learn more about the wide variety of resources and tools available to help you succeed in your business.



Additional Company Contacts

2-Additional Company Contacts:

Name: _____

Title: _____

Address 1 (if different from Key Contact): _____

Address 2: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

(Please select all that may apply):

Professional Interests:

- | | |
|---|--|
| <input type="checkbox"/> Market Research | <input type="checkbox"/> Regulatory Affairs |
| <input type="checkbox"/> Finance/Administration | <input type="checkbox"/> Tradeshows |
| <input type="checkbox"/> Technical Issues/
Standards | <input type="checkbox"/> Sales & Marketing |
| <input type="checkbox"/> Public Relations/Brands | <input type="checkbox"/> Professional Development/
Training |
| <input type="checkbox"/> Product Development | |

3-Additional Company Contacts:

Name: _____

Title: _____

Address 1 (if different from Key Contact): _____

Address 2: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

(Please select all that may apply):

Professional Interests:

- | | |
|---|--|
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4-Additional Company Contacts:

Name: _____

Title: _____

Address 1 (if different from Key Contact): _____

Address 2: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

(Please select all that may apply):

Professional Interests:

- | | |
|---|--|
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Training |
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5-Additional Company Contacts:

(Please add any additional personnel on a separate sheet)

Name: _____

Title: _____

Address 1 (if different from Key Contact): _____

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City/State/Zip: _____

Telephone: _____

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Email: _____

(Please select all that may apply):

Professional Interests:

- | | |
|---|--|
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