

THE VISION COUNCIL

The Vision Council represents the manufacturers, suppliers, providers and retailers in the vision community. We offer a wide variety of resources and tools to help our members succeed in their businesses, from research and training to industry networking events and consumer outreach.

MEMBERSHIP APPLICATION

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

Division:

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

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

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

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.

Optical Retail Division: Provides information and programs to help members operate and improve their businesses in addition to supplier networking.

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

Trade Media Division: Comprised of any person, firm or corporation providing trade media service to members of The Vision Council.

Supplier Division: Designed for any person, company or organization that provides business or partnership opportunities to members of The Vision Council and vision community, but do not otherwise fit into a specific division. Members include consultants, advisors, logistics, and more.

(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 4 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 | |



MEMBERSHIP TYPES

(Please select one below):

Full Member: Any person, firm or corporation conducting business in North America, whose primary business is the manufacturing, processing and/or distribution or sale of optical equipment, frames, lenses, contact lenses, and other eyewear and eyecare related products, and/or services. Full Members are entitled to receive all of the services of the Council, and are entitled to vote and hold office.

Full Members 2024 Dues Structure

<i>Annual Sales in North America</i>	<i>Dues Rate</i>
\$2,000,000 and Below	\$1,050
\$2,000,001- \$3,000,000	\$1,575
\$3,000,001- \$5,000,000	\$2,100
\$5,000,001 - \$10,000,000	\$3,675
\$10,000,001 - \$15,000,000	\$5,250
\$15,000,001 - \$20,000,000	\$6,825
\$20,000,001 - \$25,000,000	\$8,400
\$25,000,001 - \$30,000,000	\$9,975
\$30,000,001 - \$35,000,000	\$11,550
\$35,000,001 - \$40,000,000	\$13,125
\$40,000,001 - \$45,000,000	\$14,700
\$45,000,001 - \$50,000,000	\$16,275
\$50,000,001 - \$55,000,000	\$17,850
\$55,000,001 - \$60,000,000	\$19,425
\$60,000,001 - \$65,000,000	\$21,000
\$65,000,001 - \$70,000,000	\$22,575
\$70,000,001 - \$75,000,000	\$24,150
\$75,000,001 - \$80,000,000	\$25,725
\$80,000,001 and above	\$26,250

Associate Member: Any person or company who provides services to the optical industry who does not meet the qualifications for full membership. Associate Members are permitted to receive some member services as defined by The Vision Council's Board of Directors. Associate Members are entitled to vote for the election of the Vision Council Directors and Officers, and may hold office but are not eligible for Board officer positions.

Associate Members 2024 Dues Structure

<i>Annual Sales in North America</i>	<i>Dues Rate</i>
\$2,000,000 and Below	\$1,315
\$2,000,001- \$3,000,000	\$1,970
\$3,000,001- \$5,000,000	\$2,625
\$5,000,001- \$10,000,000	\$4,595
\$10,000,001- \$15,000,000	\$6,565
\$15,000,001- \$20,000,000	\$8,535
\$20,000,001- \$25,000,000	\$10,500
\$25,000,001- \$30,000,000	\$12,470
\$30,000,001- \$35,000,000	\$14,440
\$35,000,001- \$40,000,000	\$16,410
\$40,000,001- \$45,000,000	\$18,375
\$45,000,001- \$50,000,000	\$20,345
\$50,000,001- \$55,000,000	\$22,315
\$55,000,001- \$60,000,000	\$24,285
\$60,000,001- \$65,000,000	\$26,250
\$65,000,001- \$70,000,000	\$28,220
\$70,000,001- \$75,000,000	\$30,190
\$75,000,001- \$80,000,000	\$32,160
\$80,000,001 and Above	\$32,815



Trade Media Member: Available to any person, firm or corporation providing trade media service to Full or Associate Members of The Vision Council. Dues: \$3,150.

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

Check Payment (*Payable to The Vision Council*)

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 emailed to The Vision Council at info@thevisioncouncil.org or faxed to 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:

- | | |
|---|--|
| <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 | |

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:

- | | |
|---|--|
| <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 | |

5-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 | |