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 Name: _____

Company Address: _____

Company Address 2: _____

City/State/Zip: _____

Country: _____

Website: _____

Primary Membership Point of Contact:

_____

Title: _____

Phone: _____

Email: _____

Referred by: _____

(Please select all that may apply):

Professional Interests:

- ☐ Consumer Education
- ☐ Finance/Administration
- ☐ Market Research
- ☐ Public Relations/Brands
- ☐ Product Development
- ☐ Professional Development/ Training
- ☐ Regulatory Affairs
- ☐ Sales & Marketing
- ☐ Technical Issues/ Standards
- ☐ Trade Shows

We sell/service the following products:

- ☐ Ophthalmic Frames (fronts and temples)
- ☐ Optical Equipment
- ☐ Optical Instruments
- ☐ Spectacle Cases
- ☐ Sunglasses
- ☐ Other *(please specify)*

_____

_____

MEMBERSHIP TYPES

(Please select one below):

- ☐ **Full Member:** Any person, firm or corporation conducting business in North America, whose 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.
- ☐ **Trade Media Member:** Available to any person, firm or corporation providing trade media service to Members of The Vision Council. Dues: $3,475.

Division *(Select the division below that best reflects your business.)*

- ☐ Eyewear & Accessories
- ☐ Healthcare
- ☐ Lens, Lab, and Lens Processing Technology
- ☐ Over the Counter (Sunglasses and Reading Glasses)
- ☐ Retail
- ☐ Technology

Primary Business Focus

- ☐ Contact Lens
- ☐ Pharmaceuticals
- ☐ Safety Eyewear
- ☐ Lab Management Systems
- ☐ Laboratories
- ☐ Ophthalmic Lenses
- ☐ Lens Processing & Technology

2027 DUES STRUCTURE

Full Members Dues Structure

Annual Sales in North America	*Dues Rate*
$2,000,000 and Below	$1,216
$2,000,001 – $3,000,000	$1,824
$3,000,001 – $5,000,000	$2,431
$5,000,001 – $10,000,000	$4,255
$10,000,001 – $15,000,000	$6,078
$15,000,001 – $20,000,000	$7,901
$20,000,001 – $25,000,000	$9,724
$25,000,001 – $30,000,000	$11,548
$30,000,001 – $35,000,000	$13,371
$35,000,001 – $40,000,000	$15,194
$40,000,001 – $45,000,000	$17,017
$45,000,001 – $50,000,000	$18,841
$50,000,001 – $55,000,000	$20,664
$55,000,001 – $60,000,000	$22,487
$60,000,001 – $65,000,000	$24,310
$65,000,001 – $70,000,000	$26,344
$70,000,001 – $75,000,000	$27,957
$75,000,001 – $80,000,000	$29,780
$80,000,001 and Above	$30,388

Subsidiary Fee

A subsidiary fee, which is 10% of the parent company dues rate, will be added for each separate company listed in The Vision Council database.

MEMBERSHIP PAYMENT

Please note that all fields below are required.

Primary Financial Contact Name *(for The Vision Council dues)*:

_____

Title: _____

Email address: _____

Phone number: _____

Annual Sales *(confidential)*: _____

Dues Rate: _____

We hereby apply for membership 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: _____

THE VISION COUNCIL

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