



**Vision Research Consortium Membership Application / Renewal**

Company/Individual Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Membership Level (Circle)**

- 1. \$25,000
- 2. \$50,000
- 3. \$75,000
- 4. \$100,000

**Additional organization contacts (to whom notices of Gavin Herbert Eye Institute Events and Services should be sent):**

Name(s): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Acceptance of Consortium Agreement:**

\_\_\_\_\_ acknowledges receipt and acceptance of all terms of the consortium agreement (executed original enclosed).

\_\_\_\_\_ acknowledges receipt and acceptance of all terms of the Standing Waiver of Option agreement (executed original enclosed).

**Authorization to List Organization in Publications:**

\_\_\_\_\_ does / does not (circle one) authorize the Vision Research Consortium to use its name among sponsors in publications and announcements.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date