CONTACT LENS MANUFACTURERS ASSOCIATION

2026 Application for Membership

Please read the qualifications described on the inside of this application. All applicants must complete the questionnaire. Membership may be held in the name of the company only. **Send this form with a check for $25 (USD) application fee** to the address listed below.

I (we) hereby apply for membership in the Contact Lens Manufacturers Association as follows:

◯ Regular Member ◯ Associate Member ◯ International Member ◯ Special Member

Name of Company _____

Street _____

City _____ State_____ Country _____ Zip/Postal Code _____

Phone _____ Fax _____ E-mail _____

Toll Free Phone _____ Website _____

Name and title of individual who will serve as official representative of your Company:

Name _____ Title _____

In making application for the class of membership indicated above, I certify that this company is qualified in accordance with requirements for membership as defined under each category. I further certify that all information submitted in this application is true and, if accepted as a member, this company agrees to abide by the By-Laws of the Contact Lens Manufacturers Association and its Code of Ethics.

If accepted for membership in the Association, I agree to pay membership dues and assessments as required by the By-Laws and Resolutions of the Board of Directors. In the event that collection action is undertaken regarding delinquent dues, I agree to pay, in addition to the amount due, the reasonable costs and expenses of collection, including reasonable attorney fees.

Our check in the amount of $25.00 is enclosed. I understand the application fee is not refundable whether or not the applicant is accepted as a member. All companies joining during any calendar year will be invoiced on a pro-rated basis their first year, when their applications are approved.

Date _____ Signature _____

Title _____

Mail to: Contact Lens Manufacturers Association
PO Box 5223
Lincoln, Nebraska 68505 USA

Current Annual Dues Schedule

REGULAR MEMBERSHIP

Application for regular membership in the Association may be made by any person, firm or corporation engaged (either directly or through a parent company or majority owned subsidiary) in business, meeting with the following requirement: is and has been for at least six months, actively engaged in the fabrication of finished contact lenses from raw material (i.e., any material which is not finished to final parameters).

DUES:

Less than 5 employees – $750/year

5-15 employees – $1,125/year

Greater than 15 employees – $1,500/year

ASSOCIATE MEMBERSHIP

Application for associate membership in the Association may be made by any person, firm or corporation engaged (either directly or through a parent company or majority owned subsidiary) in the business of manufacturing equipment or parts for or producing materials used to fabricate contact lenses or in any way changing, altering or completing the structure of a finished contact lens made from raw materials, or providing related products and services, whose business meets the following requirement: is engaged in the manufacturing of equipment or parts for or producing materials used to fabricate contact lenses or in any way changing, altering or completing the structure of a finished contact lens made from raw materials, or in providing related products.

DUES: $2,000.00

This dues level of $2,000 **is in addition** to sales of lens blanks. For sales of lens blanks, dues are thirty cents ($0.30) for corneal GP blanks and fifty cents ($0.50) for GP scleral lens blanks per completed U.S. sale of a Gas Permeable lens blank for the year 2026.

INTERNATIONAL MEMBERSHIP*

Application for international membership in the Association may be made by any person, organization, firm or corporation engaged either directly or through a parent company or majority-owned subsidiary that meets the requirements for regular, associate or special membership, but which does not market such products or services in the United States of America (as defined in 15 U.S.C. 1127).

DUES: $750

***Note:** *This class of membership is open only to persons, firms, etc. who do not export or market contact lens related products or services in the United States. Foreign firms who export to or otherwise market in the U.S. must*

pay dues on the same basis as regular, associate or special members. Such dues are computed only on the basis of products or services sold in the U.S.

SPECIAL MEMBER

Application for special membership in the Association may be made by any person, firm or corporation engaged (either directly or through a parent company or majority owned subsidiary) in providing information, financial, consulting, or other services ancillary to the operations of the contact lens industry.

DUES: $2,000

Continue to page 4 for Applicant Questionnaire

Applicant Questionnaire

This questionnaire MUST be completed for processing application

1. Applicant company is a:

☐ Sole proprietorship
☐ Partnership
☐ Corporation, LLC

Please note that Article III, Section 1 of the attached bylaws reads as follows:

A corporation, subsidiary, or other form of organization will be responsible for dues for each membership class to which its operations, or those carried out by organizations under common ownership or control, are applicable. If such operations include marketing of GP contact lens blanks within the United States, the company shall be regarded as an Associate Member for purposes of these by-laws. Multiple memberships within an organization shall be collectively considered a single member for the purposes of Article IV, and shall be limited to one vote.

Does the applicant company have a parent or subsidiary corporation or an equity owner, other than the above signed individual, whose interest exceeds 50%?

☐ YES ☐ NO

2. Applicant company is engaged in the fitting of contact lenses for the lay public:

☐ YES ☐ NO

3. Which classifications below describes your business?

☐ GP lens manufacturing laboratory
☐ Soft lens manufacturing laboratory
☐ Manufacture equipment used with contact lenses
☐ Material manufacturer for GP lenses
☐ Material manufacturer for soft lenses
☐ Manufacture parts for equipment used with contact lenses
☐ Accessories for contact lens laboratories
Please specify _____
☐ Other _____

4. Do you market lens blanks in the United States?

☐ YES ☐ NO

4a. Do you market contact lens-related products (other than contact lenses) in the U.S.?

☐ YES ☐ NO

4b. If yes to either 4 or 4a, does your product line have FDA marketing clearance or approval?

☐ YES ☐ NO

5. During which year did your company become involved in the contact lens industry?

19____ 20____

6. Does your company have multiple locations?

☐ YES ☐ NO

7. Please list two CLMA member company sponsors:

1) Company name _____
Contact name _____

2) Company name _____
Contact name _____

Please send completed application for membership along with your application fee to:

CLMA
PO Box 5223
Lincoln, Nebraska 68505

Or, you may email your completed application to beth@gpli.info with application fee of $25.00 (USD) processed on www.CLMA.net via the "Pay Here" tab.