



OPTICAL LABORATORIES ASSOCIATION
 11096 Lee Hwy, Suite A-101
 Fairfax, Virginia 22030-5039
 703-359-2830 • FAX 703-359-2834
 ola@ola-labs.org • www.ola-labs.org

CONFIDENTIAL REPORT: The dues information reported in this report is confidential and only authorized staff personnel employed in the Association headquarters office may know this information. Staff personnel are subject to immediate dismissal for any breach of security of this information.

APPLICATION FOR MEMBERSHIP

Company Name _____

Address _____

City _____ State _____ Zip _____

Area Code/Phone _____ Fax _____ Website _____

Authorized Representative for Your Company _____

Title _____ Email Address _____

Billing Contact (if different) _____ Email Address _____

Additional personnel for the OLA mailing list:

Name _____ Email Address _____

Name _____ Email Address _____

Type of Business: Rx Manufacturing Optical Lab Supplier (see below)

Market for lab's products: Primarily Wholesale Primarily Retail/Self-consumed HMO/Vision Plan

Supplier – please describe your market and the products or services supplied to optical laboratories:

Mark the membership category that best fits your company:

Please mark your category of membership:

- Laboratory Member:** operates full service lab(s) in the U.S., its territories, possessions, and Puerto Rico.
- Associate Member:** does not operate an optical lab; supplies products or services to any segment of the ophthalmic industry.
- International Lab Member:** operates lab(s) outside the U.S., its territories, possessions, and Puerto Rico.

Please report your TOTAL Jobs per Year and Monthly Dues:

- 1. Please enter the TOTAL Jobs per Year for your lab(s) TOTAL Jobs per Year: _____
- 2. **Optional** – enter your monthly dues as calculated on reverse Monthly Dues: _____
- 3. Please confirm your preferred billing frequency Annually Quarterly Monthly
- 4. I hereby certify that this information is accurate in accordance with the information on the reverse of this form.

 Primary Representative Signature Date

An Initiation Fee of \$200.00 (U.S. dollars), made payable to the "Optical Laboratories Association," should accompany this application.

CERTIFICATION

I hereby certify that the information contained in this Application for Membership is true and complete in all respects; that I am in sympathy with the purposes of this Association; that I have completed the information required for this application; and if elected to membership, I agree to comply with the ByLaws, policies and rules of this Association. I hereby certify that the dues information is determined in accordance with the information from the OLA Bylaws accompanying this form. My membership shall not become effective until I receive notification from the Association.

Authorized Representative Signature _____ Date _____

LAB MEMBER APPLICANTS – PLEASE COMPLETE THE REVERSE

LAB MEMBER APPLICANTS (Please fill in the information below.)

Number of Full Service Lab Locations: _____

City, State of these locations: _____

DETERMINING YOUR OLA DUES

DUES BASIS

Laboratory Members dues basis is Rx Jobs per Year.

- Rx Jobs per Year is defined as 88% of TOTAL Jobs per Year. This reduction factor backs out the non-revenue-producing jobs (redos, warranties, non-adapts, comps, etc.).*
- TOTAL Jobs per Year includes all the lab locations operated by the Member company.
- The table below shows the Monthly Dues Factor that is applied to the number of jobs to determine the monthly dues amount.
- So, monthly dues = (Rx Jobs per Year) X (Monthly Dues Factor).

* As stated in the Bylaws, the Board will monitor the industry average rate for non-revenue-producing jobs, and will adjust this reduction factor accordingly.

International Lab Members dues basis is Rx Jobs per Year, reduced by 50%.

- The dues amount is calculated in the same manner as for Laboratory Members.
- That amount is then reduced by 50%, but not below the minimum Laboratory Member dues, currently \$80 per month.**

** OLA Bylaws specify that "No Member shall pay less than the minimum dues for Laboratory Members."

Associate Members pay a flat amount of dues, currently \$100 per month.

DUES BILLING CHOICES

OLA Members may choose to be billed monthly, quarterly, or annually for their dues amount.

DUES CALCULATION FOR LAB MEMBERS

OLA DUES TABLE

Laboratory and International Lab Members		
Rx Jobs per Year		Monthly Dues Factor
From	To	
1	25,000	Flat Rate \$80.00
25,001	38,000	0.00375
38,001	50,000	0.00362
50,001	65,000	0.00350
65,001	75,000	0.00338
75,001	85,000	0.00327
85,001	100,000	0.00315
100,001	110,000	0.00303
110,001	125,000	0.00292
125,001	140,000	0.00283
140,001	150,000	0.00275
150,001	165,000	0.00267
165,001	175,000	0.00258
175,001	190,000	0.00250
190,001	200,000	0.00242
200,001	215,000	0.00233
215,001	225,000	0.00225
225,001	240,000	0.00217
240,001	250,000	0.00208
250,001	375,000	0.00188
375,001	500,000	0.00167
500,001	625,000	0.00153
625,001	750,000	0.00139
750,001	1,250,000	0.00125
1,250,001	2,000,000	0.00117
2,000,001	2,500,000	0.00102
2,500,001	3,000,000	0.00087
3,000,001	3,750,000	0.00072
3,750,001	4,500,000	0.00057
Greater than 4,500,000		0.00050

CALCULATION TO DETERMINE DUES

1. Enter TOTAL Jobs per Year below.

$$\frac{\text{_____}}{\text{(Enter TOTAL Jobs/Yr)}} \times 0.88 = \frac{\text{_____}}{\text{(Rx Jobs/Year)}}$$

↓
↓
2. Find this number under Rx Jobs per Year _____

(Rx Jobs/Year)
3. Enter Monthly Dues Factor from that line _____
4. Enter Rx Jobs per Year and Monthly Dues Factor below

$$\frac{\text{_____}}{\text{(Rx Jobs/Year)}} \times \frac{\text{_____}}{\text{(Monthly Dues Factor)}} = \frac{\text{_____}}{\text{Monthly Dues}}$$

SAMPLE CALCULATION – XYZ OPTICAL LAB

1. Enter TOTAL Jobs per Year below.

$$\frac{75,000}{\text{(Enter TOTAL Jobs/Yr)}} \times 0.88 = \frac{66,000}{\text{(Rx Jobs/Year)}}$$

↓
↓
2. Find this number under Rx Jobs per Year 66,000

(Rx Jobs/Year)
3. Enter Monthly Dues Factor from that line 0.00338
4. Enter Rx Jobs per Year and Monthly Dues Factor below

$$\frac{66,000}{\text{(Rx Jobs/Year)}} \times \frac{0.00338}{\text{(Monthly Dues Factor)}} = \frac{\$223.08}{\text{Monthly Dues}}$$