

APPLICATION FOR MEMBERSHIP TO OPTIC UK

*Fields marked with a * are required*

We wish to become Members of OPTIC UK

Company Name: *.....

Company Address: *

Contact Name: *

Name of General Manager / CEO*.....

Telephone: *

Email: *

Website URL:.....

Company Type: *

Ophthalmic Product/s*

Company Description *

.....

Company Registration Number.....

VAT Number: *

SIGNED.....

DATE.....

PLEASE COMPLETE AND SIGN FORM AND RETURN TO OPTIC UK, PO BOX 540,
WINCHESTER, HAMPSHIRE SO23 3FA

This information will only be used by the OPTIC UK Council to assess approval and will be kept completely confidential.

The requirements for membership are that the company be active within the ophthalmic products industry, This covers pharmaceuticals, surgical instruments and books.

All member companies of OPTIC UK are expected to comply to the ABHI Code of Business Practice.

Application for membership should be made on the application form and then submitted to the OPTIC UK Council.

On payment of the Annual Subscription members are entitled to an entry in both the OPTIC (UK) Directory and the OPTIC web site. There are also cost savings on exhibition space. For further information please email maureen.wright@btconnect.com