



# Membership Application

Please accept our application for membership in the **Optical Imaging Association**, an affiliate of the Laboratory Products

**OPIA**  
 1114 Fairfax Pike, Box 12, White Post, VA 22663  
 (703) 836-1360 • Fax: (703) 836-6644  
 Email: [cmulligan@lpanet.org](mailto:cmulligan@lpanet.org)

Category	Dues
<b>Active Member</b>	
<input type="checkbox"/> Regular	\$9,660
<input type="checkbox"/> Our company has sales under \$5 million and therefore has annual dues of	\$3,920
<b>Associate Member</b>	
<input type="checkbox"/> Electronic Imaging Detector Manufacturers	\$3,790
<input type="checkbox"/> Peripheral Components Group	\$ 960
<b>Dues Amount</b>	\$ _____
Make check payable to OPIA.	

## Eligibility for OPIA membership

1. Applicant must be conducting business in the U.S.
2. Applicant must be financially sound and of good reputation.
3. Applicant must have sufficiently trained personnel, having in mind the size, scope, and character of applicant's business, to give competent educational and technical service to its customers.

### Active Member:

Manufacturers or distributors of microscopes and/or products, components and peripherals for microscopy and the microscopy imaging market.

### Associate Member:

#### Electronic Imaging Detector Manufacturers Group:

Manufacturers and marketers of electronic imaging devices and super resolution for optical microscopy.

**Peripheral Components Group:** Peripheral component companies that develop and sell components for light microscopy and life science optical imaging.

Association, a status for which we qualify according to the membership requirements below.

Company \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Website URL \_\_\_\_\_

## Member Contacts:

Official Voting Representative:

\_\_\_\_\_  
 Name/Title

\_\_\_\_\_  
 Phone/e-mail

Alternate Voting Representative:

\_\_\_\_\_  
 Name/Title

\_\_\_\_\_  
 Phone/e-mail

## FY2017\* Dues Schedule

(indicate group you are joining.)

**Please note:** Membership dues are not deductible as a charitable contribution for federal income tax purposes, but are deductible as an ordinary and necessary business expense.

\* The OPIA fiscal year is July 1-June 30.

**Payment Information:**  Check enclosed (payable to OPIA)  
 Amex  Visa  MasterCard

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Exact Name of Cardholder \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Dues Amount based on schedule \$ \_\_\_\_\_

## Agreement

We pledge our financial support to the Association through payment of annual dues based upon the schedule above. We understand that membership in the Association is an annual obligation.

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_