OPTICA CORPORATE MEMBERSHIP

Optica Corporate Membership Application



Company Name		Department/Division/Subsidiary (if applicable		
Street Address				
City State/Provin	ce ZIP/Postal Code	Count	ry	
Telephone Web Site				
II. Primary Contact	III. Billing Co	III. Billing Contact		
To receive all information regarding access of membership benefits.	•	Please complete only if different from primary contact.		
Name Job Title	Name	Job Title		
Email Telephone	Email	Email Telephone		
IV. Optica Corporate Member Dues Please check the appropriat	e box.			
Annual Company Sales	Premium Package	Advanced Package	Basic Package	
Tier 1: Less than USD 2 Million	USD 800	USD 650	□ USD 550	
Tier 2: USD 2 million – USD 10 Million	🗆 USD 1,200	🗆 USD 950	□ USD 800	
Tier 3: USD 10 million – USD 20 Million	🗆 USD 2,300	🗆 USD 1,900	🗆 USD 1,600	
Tier 4: USD 20 million – USD 50 Million	🗆 USD 4,200	🗆 USD 3,500	□ USD 2,900	
Tier 5: USD 50 million – USD 100 Million	🗆 USD 7,800	🗆 USD 6,500	🗆 USD 5,500	
Tier 6: USD 100 million – USD 500 Million	🗆 USD 11,400	🗆 USD 9,500	🗆 USD 8,000	
Tier 7: USD 500 million – USD 1 Billion	🗆 USD 13,800	🗆 USD 11,500	🗆 USD 9,800	
Tier 8: More than USD 1 Billion	🗆 USD 19,800	🗆 USD 16,500	🗆 USD 14,000	
*Special Tier: Affiliate Member	USD 800	🗆 USD 650	🗆 USD 550	
*Special Tier: University/Nonprofit/Government/Cluster	🗆 USD 1,550			
*Special Tier: Additional Member Listing	USD 100			
*Selecting a special tier must be approved by Optica Corporate Mem	pership Management prior to submitting	g membership application.		
V. Benefit Category Assignment Please check the appropriate bo Basic Package: Choose 1 from below. Advanced Package: Choose 3 from belo Market Intelligence Networking & Events Business D	w. Premium Package: Choose all 5 fi		esources	
VI. Payment Information				
Checks should be made payable to Optica and must be in U.S. dollars and	d drawn on a U.S. bank.			
For payment made by bank transfer, please direct to: Bank of America, 15	01 Pennsylvania Ave. NW, Washingto	on, DC 20013.		
ABA# for wires only 026009593, ABA# for ACH onl y 054001204, SWIFT: BO	DFAUS3N, Optica Checking Bank Acc	ount #: 20-867-84-287		
Note: Your organization is responsible for all bank transfer fees. Please ir	clude your company name and "Opt	ica Corporate Membership" on the	e wire transfer.	
□ Check Enclosed □ Wire Transfer You may also pay by cr	edit card: 🗆 Visa 🗆 Masterca	ard Diners Club Ameri	can Express	
Total Dues Amount Card Number		CVC E	xpiration Date	
Printed Name (as it appears on the credit card)				
Signature	Date			

Return completed application and payment to:

Optica Corporate Membership, 2010 Massachusetts Ave. NW, Washington, DC 20036, USA Tel: +1 202.416.1474 Fax: +1 202.416.1408 Email: industry@optica.org

