

Member Application

16476 Wild Horse Creek Rd.
2nd Floor
Chesterfield, MO 63017



I hereby request enrollment as a member of Healthy Vision Association and understand that the dues for standard membership are \$18.00 annually. I also understand that my membership dues are non-refundable, and my failure to remit membership dues will result in loss of eligibility to participate in any of the Association sponsored programs or discounts.

Contact Information -Please Print-

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

I agree to comply with the By-Laws of the Association during my membership enrollment and during the term of my membership in the Association.

Name (printed)	
Signature	
Date	

Payment Information

Please send a check for Annual Payment of \$ 18.00 made to Healthy Vision Association.

Enclose the form and your dues payment in an envelope, affix a stamp, and mail.

Yes, I want a Healthy Vision Association plan membership

Healthy Vision Association
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Upon payment you will receive a membership kit or access to the membership portion of the website.

If you have further questions please call us at 800.992.8044 go to healthyvisionassociation.com

THIS IS NOT INSURANCE