



We / I hereby make application for membership in the
 NORTH CAROLINA DENTAL LABORATORY ASSOCIATION, INC.*
 SOUTH CAROLINA DENTAL LABORATORY ASSOCIATION**



Name of Laboratory: _____ CDL? Yes No
 Address: _____ Phone: _____ Fax: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Website: _____

Years in Lab Business: _____ # Years at this location: _____ Proprietorship Corporation Partnership
 Total number of employees: _____ Technical: _____ Non-Technical: _____
 Check if the following work is performed in your lab: Dentures Partial Dentures Crown & Bridge Ceramics Ortho Full Service

Name of Owner(s)/Partner(s): _____ CDT? Yes No CDT # _____-00
 Home Address of Representative: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____

Name of person(s) authorized to vote for lab at business meetings in designated voting order (if applicable): _____

Referred by: _____ Phone: _____
 Referred by: _____ Phone: _____

In submitting this application, we understand it is our responsibility to become familiar with the contents and meaning of the constitution and bylaws of the appropriate State Association; and all laws, ordinances, or public regulations concerning the dental arts, and to abide thereby; and further, that it is our duty to participate in the affairs and activities of said Association. Further, it is understood for annual dues to continue to accrue until our membership is formally terminated in accordance with the bylaws of the Association.

Signature: _____ Date: _____



***N.C. DENTAL LABORATORY ASSOCIATION, INC.**

Laboratory Technical Non-Resident (Lab) Non-Resident (Ind.)
(Special applies to new laboratory members only - must not be a member since 2004*)

Laboratory Membership shall be open to any Commercial Dental Laboratory which has one or more locations in North Carolina and is owned and operated by a person or persons of good character and reputation. Laboratory members shall have one vote, may designate one or two representatives and have all rights and privileges set forth in the bylaws of the NCDLA. Half year dues must accompany application.

Annual Dues: \$290 New Member Special—Deduct \$75

Technical Membership shall be open to dental technicians or staff of a dental laboratory (member or non-member) including hospitals, military, and teaching facilities with the following exceptions: technician/staff may not own any portion of a dental laboratory (commercial or private) UNLESS (1) the laboratory is an active member AND (2) a co-owner, partner, or officer is named as the designated representative. Full year dues must accompany application. Dues are on a calendar year basis.

Annual Dues: \$70

Non-Resident Laboratory Membership shall be open to laboratories located outside North Carolina if they meet qualifications as defined above for Laboratory Membership. Half year dues must accompany application. With this type of membership, all employees may register for meetings at the member rate.

Annual Dues: \$290 New Member Special—Deduct \$75

Non-Resident Individual Membership shall be open to persons located outside North Carolina if they meet the qualifications as defined above for technical membership. Full year dues must accompany application. Dues are on a calendar year basis.

Annual Dues: \$70

For North Carolina Only:

Check (payable to NCDLA) Visa MasterCard AmEx
 Amount Authorized \$ _____ Exp. Date _____
 Card # _____
 Cardholder _____
 Statement Address _____
 CC Billing Zip Code _____ 3- or 4-digit Security Code _____
 Signature _____

Please mail application to:

North Carolina Dental Laboratory Association, Inc. • PO Box 206 • Elkin, NC 28621
 Phone: 336-835-9251 • Fax: 336-835-9243 • Email: contactus@ncdla.org
 Website: www.ncdla.org



****S.C. DENTAL LABORATORY ASSOCIATION**

State Only Associate

State Only Membership consists of laboratory owners or designated managers, partners or corporation laboratory designed manager in a full-time capacity in the dental laboratory industry. State Only Members shall have voting privileges and can hold office within the Association. Dues can be paid quarterly, semi-annually, or annually.

Annual Dues: \$300

One quarter dues (\$75) must accompany application for State Only Membership. Balance may be paid in quarterly installments upon invoice.

Associate Membership consists of technicians in a laboratory or dentist office or friends of the dental industry. Dues are established by the Association Board and are payable for 12 months in advance. Associate Members do not have voting privileges nor can they hold official office within the Association.

Annual Dues: \$60

If you are joining the SCDLA, your application must be sent to the address below along with a separate check—it SHOULD NOT be mailed with your meeting registration.

For South Carolina Only:

Sorry, the SCDLA does not accept credit cards; send checks only.

Please mail application and check to:
 South Carolina Dental Laboratory Association
 Tom Hughes, Executive Director
 PO Box 2721 • Spartanburg, SC 29304
 Phone: 864-585-7330 • Fax: 864-591-1643
 Website: www.scdla.org