Please retain copy for your records

Please print legibly

Membership Application / Renewal

Owners · Technicians · Associates · Students

The Dental Laboratory Association of Texas

Laboratory Name _____ CDL ❑ Yes ❑ No

Address _____ Phone _____

City _____ State _____ Zip _____

E-Mail _____ Fax _____ Web Site _____

Services Offered: ❑ Crown & Bridge ❑ Complete Dentures ❑ Orthodontics
❑ Ceramics ❑ Cast Partials ❑ Full Service

Total Number of Employees _____ Technical _____ Non-Technical _____ Years in Business _____

Laboratory's Texas Registration Number _____

Owner Name _____ ❑ New Application ❑ Renewal

Type Ownership: ❑ Sole Proprietorship ❑ Partnership ❑ Corporation

Designated Laboratory Representative(s) _____ CDT ❑ Yes ❑ No

_____ CDT ❑ Yes ❑ No

Each Active Member Laboratory must name a designated representative who will have voting privileges for that laboratory and will be eligible to serve on state and national offices and committees.

Technician Membership: Name _____ ❑ New Application ❑ Renewal

Address _____ City _____ State _____ Zip _____

Phone _____ Years of Experience _____ CDT ❑ Yes ❑ No

Associate Membership: Name _____ ❑ New Application ❑ Renewal

Company Where Employed _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Mailing Address if Different CDT ❑ Yes ❑ No

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Student Membership: Name _____ ❑ New Application ❑ Renewal

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

School Where Enrolled _____

PAYMENT OPTIONS

Check: Number _____ Payable to DLAT

Credit Card: ❑ Amex ❑ MasterCard ❑ Visa

Credit Card: Number _____

Expiration Date _____/_____

Name on Card _____

Address for Card _____

City _____ State ____ Zip _____

_____ _____

Signature Date

Submit to:

Milton Pokladnik, CDT, *ret.*
Executive Director
The Dental Laboratory Association of Texas
P. O. Box 140769
Dallas, Texas 75214

1.800.831.7905
Fax: 1.214.321.9942
aurex@swbell.net

MEMBERSHIP DUES

Laboratory		$250.00	$_____
Number of Technicians	_____ X	10.00	_____
Technician		40.00	_____
Associate		100.00	_____
Student		30.00	_____
Contributions			
Scholarship Fund			_____
PAC Fund			_____
Total Due			$_____

NOTE: If initially paying only half of the dues, the remainder will be charged to your credit card on June 30, 2010.

I hereby apply for an Active Membership in The Dental Laboratory Association of Texas, with the understanding that I meet all the requirements for membership as set forth in the Bylaws of the Association and further do hereby agree to abide by these same Bylaws of The Dental Laboratory Association of Texas.

_____ _____

Signature Date

2.5.10