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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
1.877.689.8848
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		\$ _____

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 _____