



Association membership

...it pays!

MEMBERSHIP CATEGORIES

LABORATORY MEMBERSHIP is open to any Commercial Dental Laboratory located in Louisiana and is owned and operated by a person or persons of good character or reputation. Laboratory Members shall have one vote, may designate one representative and have all rights and privileges as set forth in the bylaws of the LDLA.
ANNUAL DUES (based on no. of technicians): 1-2: \$140; 3-5: \$165; 6-10; \$190; 11-20: \$215; Over 20: \$240

ASSOCIATE MEMBERSHIP is open to an individual who is an educator of dental technology; a representative of a manufacturer or supplier; a technician that works in a non-member lab; a commercial dental laboratory outside the state of Louisiana; schools of dental technology accredited by the ADA; member of another state component; or one who lives in a state where no NADL component is available. **Note: Dental laboratory owners operating a laboratory in Louisiana may not join as an Associate member.** Associate members shall have all rights and privileges as set forth by the bylaws of the LDLA. If a company/laboratory joins as an associate member, all employees may attend meetings at member rates. Dues expire with the calendar year.

ANNUAL DUES: \$60.00 (individual) OR \$110 (company/laboratory)

STUDENT MEMBERSHIP is open to any student from an institution offering a dental technology program. Dues expire with calendar year.

ANNUAL DUES: \$15.00

Application is hereby made for membership in the : LOUISIANA DENTAL LABORATORY ASSOCIATION, INC.

*LABORATORY: _____ CDL? ____ YES ____ NO

*ADDRESS: _____

*CITY: _____ *STATE: _____ *ZIP: _____ *PARISH: _____

*PHONE _____ FAX: _____ E-Mail: _____ Website: _____

DESIGNATED REPRESENTATIVE: _____ CDT? ____ YES ____ NO

TYPE MEMBERSHIP DESIRED: ____ Laboratory ____ Associate (Individual) ____ Associate (Co./Lab) ____ Student

NO. OF TECH. EMPLOYEES (incl. yourself): ____ NO. OF ADMINISTRATIVE/CLERICAL ____

Referred By: _____

*****Payment for dues for ONE FULL year must accompany application.****

Please return to: LDLA P.O. BOX 206 Elkin, NC 28621 Questions? 336-835-9251 or FAX 336-835-9243

NOTE FOR ASSOCIATE & STUDENT MEMBERS ONLY: Please complete above items marked with a * for the laboratory where you are employed, if applicable. If you wish a different mailing address, please indicate desired address here:

Do you own any interest in a dental laboratory?

If yes, give name and address of laboratory: _____

__ Check __ VISA __ MasterCard Amount Authorized _____

Card Number _____ Expiration Date _____

Name on card: _____

Three digit number in signature box on back of card-last three digits only (required): _____ CC Statement zip code: _____

By submitting this application, I/we understand it is my/our responsibility to become familiar with the contents and meanings of the bylaws of the LDLA and all laws, ordinances or public regulations concerning the dental laboratory industry, and to abide thereby. Further, it is my/our duty to participate in the affairs and activities of said Association. It is understood and agreed that my/our membership shall continue and I/we shall be liable for annual dues until membership is formally terminated in accordance with the bylaws of the Association.

Signed: _____ Date _____