



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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_ Website: \_\_\_\_\_

# of Years in Lab Business: \_\_\_\_\_ # of 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: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 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.)

**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 and have all rights and privileges set forth in the bylaws of the NCDLA. Half year dues must accompany application. With this type of membership, all employees may register for meetings at the member rate.  
**Annual Dues: \$290**

**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**

**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  Discover  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](mailto:contactus@ncdla.org) • Website: [www.ncdla.org](http://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: 864-809-5587 • Fax: 864-576-1490  
 Website: [www.scdla.org](http://www.scdla.org)