Membership Application / Renewal

Owners -Technicians - Associates - Students

The Dental Laboratory Association of Texas

Please Print Legibly - Retain a copy for your records

Laboratory Membership:

Laboratory Name:_____ CDL: __Yes __No

Address:_____City:_____State:___ Zip:_____

Phone:_____ Email:_____(Required to receive a receipt)

Services offered: ____Crown & Bridge ____Complete Dentures ____Orthodontics

____Ceramics ____Cast Partials ____Full Service

Total Number of Employees:____ Technical:____ Non-Technical ____Years in Business

Laboratory 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.

Other Membership Options: Please check which one that applies to you and fill out the contact information below it.

[ ] Technician Membership:	[ ] Associate Membership:	[ ] Student Membership:
Years of Experience:____ CDT [ ]Yes [ ] No	Company Where Employed:_____	School Where enrolled:_____

Name:_____ [ ]New Application [ ] Renewal

Address:_____City:_____State:_____ Zip:_____

Phone:_____ Email:_____(Required to receive a receipt)

Company Address:(If Different)_____Phone:_____

City:_____ State:_____Zip:_____Website:_____

___Do not list lab in DLAT's Online Business Directory ___Do not list lab's address in Online Business Directory

Payment Options:

Check Number:_____ Make Payable to: DLAT

Credit Card Number:

_____

Exp. Date:_____ CVC:_____

Name on Card:_____

Address for card:(if different)_____

City:_____ State:_____Zip:_____

_____ _____

Signature Date

Membership Dues:

Laboratory Membership	$250	$_____
Technician Membership	$40	_____
Associate Membership	$100	_____
Student Membership	$40	_____
Total:		**$_____**

Submit To:

The Dental Laboratory Association of Texas

P.O. Box 119832, Carrollton, Tx 75011

Phone/Fax: 800-376-2955

Email: members@dlat.org

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.

_____ _____

Authorized by Date