



# 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.

<input type="checkbox"/> <b>Technician Membership:</b> Years of Experience: _____ CDT [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No	<input type="checkbox"/> <b>Associate Membership:</b> Company Where Employed: _____	<input type="checkbox"/> <b>Student Membership:</b> School Where enrolled: _____
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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

<b>Payment Options:</b> 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 _____	<b>Membership Dues:</b> <table> <tr> <td>Laboratory Membership</td> <td>\$250</td> <td>\$ _____</td> </tr> <tr> <td>Technician Membership</td> <td>\$40</td> <td>_____</td> </tr> <tr> <td>Associate Membership</td> <td>\$100</td> <td>_____</td> </tr> <tr> <td>Student Membership</td> <td>\$40</td> <td>_____</td> </tr> <tr> <td><b>Total:</b></td> <td></td> <td><b>\$ _____</b></td> </tr> </table>	Laboratory Membership	\$250	\$ _____	Technician Membership	\$40	_____	Associate Membership	\$100	_____	Student Membership	\$40	_____	<b>Total:</b>		<b>\$ _____</b>
Laboratory Membership	\$250	\$ _____														
Technician Membership	\$40	_____														
Associate Membership	\$100	_____														
Student Membership	\$40	_____														
<b>Total:</b>		<b>\$ _____</b>														
<b>Submit To:</b> DLAT % Tippett Ortho Lab P.O. Box 604, Farmersville, Tx 75442 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 _____															