

MEMBERSHIP APPLICATION

*For individual memberships, please provide personal contact information rather than employer's information for mailings & correspondence.

We / I hereby make application for membership in the:

- NORTH CAROLINA DENTAL LABORATORY ASSOCIATION, INC.
 SOUTH CAROLINA DENTAL LABORATORY ASSOCIATION, INC.
 EASTERN CONFERENCE ALLIANCE* (ECA) MEMBERSHIP

*Name of Laboratory or Individual: _____ CDL? Y N

*Address: _____ City: _____ State: _____ Zip Code: _____

*Phone: _____ Toll Free: _____ *Fax: _____

*Email: _____ Alt. Email: _____ Website: _____

Number of years in lab business: _____ Number of years at this location: _____ Proprietorship Corporation Partnership

Total number of employees: _____ Total number of technical employees: _____ Total number of non-technical employees: _____

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? Y N 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. & EASTERN CONFERENCE ALLIANCE (ECA) MEMBERSHIP CATEGORIES

NCDLA 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

Eastern Conference Alliance (ECA) Laboratory Membership shall be open to any Commercial Dental Laboratory regardless of location and is owned and operated by a person or persons of good character and reputation.

Annual Dues: \$290

Eastern Conference Alliance (ECA) Individual Membership shall be open to any dental technician or staff of a dental laboratory including hospitals or military facilities located in North Carolina with the following exception: Owners, technicians, and staff, whether certified or uncertified, active or retired, owning any portion of a dental laboratory (commercial or private) inside the state of North Carolina do not qualify for membership in this category. This membership is also open to any individual dental technicians, owners or staff of a dental laboratory including hospitals or military facilities located outside North Carolina without exception.

Annual Dues: \$99

NCDLA Affiliate Membership shall be open to representatives of manufacturers and suppliers to the dental industry.

Annual Dues: \$110

S.C. DENTAL LABORATORY ASSOCIATION, INC. MEMBERSHIP CATEGORIES

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. **One quarter dues (\$75) must accompany application for State Only Membership.** Balance may be paid in quarterly installments upon invoice.

Annual Dues: \$300

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

SCDLA applications must be sent to the address below along with a separate check—do not mail with your meeting registration. SCDLA does not accept credit cards; send checks only to:

South Carolina Dental Laboratory Association
Tom Hughes, Executive Director
PO Box 2721 | Spartanburg, SC 29304
P: 864-809-5587 | F: 864-576-1490 | www.scdla.org

membership payment information

NCDLA AND ECA APPLICATIONS WILL BE ACCEPTED VIA EMAIL/FAX WHEN ACCOMPANIED BY CREDIT CARD INFORMATION. PAYMENT MUST ACCOMPANY ALL REGISTRATIONS.

Payment Method: Visa MasterCard American Express Discover Check (Payable to NCDLA) Total Amount: \$ _____

Cardholder Name: _____ Signature: _____

Credit Card Number: _____ Exp Date: _____ CV# (3- or 4-digit security code; required): _____

Billing Address: _____ Billing Zip Code: _____

MAIL, FAX, OR EMAIL MEMBERSHIP APPLICATION TO:

ECDL | PO Box 206, Elkin, NC 28621 | P: (336)835-9251 | F: (336)835-9243 | www.eastern-conference.com | contactus@eastern-conference.com