

N.C. DENTAL LABORATORY ASSOCIATION, INC. & EASTERN CONFERENCE ALLIANCE* (ECA) OFFICIAL MEMBERSHIP APPLICATION

Laboratory/Company/Name: _____ CDL? Y N
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Toll Free: _____ Fax: _____
 Email: _____ Alt. Email: _____ Website: _____
 Name of owner(s)/partner(s): _____ CDT? Y N CDT# _____ -00
 Home Address of Representative: _____
 Home Phone: _____ Mobile: _____ Email: _____

Please choose which best describes your company:
 Proprietorship
 Corporation
 Partnership

Check if the following work is performed in your lab:
 Dentures Partial Dentures
 Ceramics Crown & Bridge
 Ortho Full Service

years in lab business: _____
 # years at this location: _____
 # total employees: _____
 # technical employees: _____
 # non-technical employees: _____

Name of person designated as the AD&D insured representative:

If you were referred by another laboratory or NCDLA/ECA member, please list that info here:
 Referred by: _____

Phone: _____

LABORATORY MEMBERSHIP ONLY: Please complete the following information about the company's designated representatives. You may have up to four designated reps. Designated reps may vote in general membership meetings (one vote per laboratory membership), may be appointed to committees, and may hold office. *Individual and Affiliate memberships may disregard this question.*

Designated Representative 1: _____ CDT? Y N CDT# _____ -00

Home Address of Representative: _____

Home Phone: _____ Mobile: _____ Email: _____

Designated Representative 2: _____ CDT? Y N CDT# _____ -00

Home Address of Representative: _____

Home Phone: _____ Mobile: _____ Email: _____

Designated Representative 3: _____ CDT? Y N CDT# _____ -00

Home Address of Representative: _____

Home Phone: _____ Mobile: _____ Email: _____

Designated Representative 4: _____ CDT? Y N CDT# _____ -00

Home Address of Representative: _____

Home Phone: _____ Mobile: _____ Email: _____

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: _____

membership categories

NCDLA Laboratory Membership

Annual Dues: \$290

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.

Eastern Conference Alliance* (ECA) Laboratory Membership

Annual Dues: \$290

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.

Eastern Conference Alliance* (ECA) Individual Membership

Annual Dues: \$99

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.

NCDLA Affiliate Membership

Annual Dues: \$110

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

membership payment information

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