

CAL-LAB ASSOCIATION OFFICIAL MEMBERSHIP APPLICATION



Confidential Documentation

CAL-LAB ASSOCIATION MEMBERSHIP

Cal-Lab Association Annual Membership Dues.....\$495.00**

Membership payment due with application. Dues are on a calendar-year basis (January 1-December 31).

***If membership lapses for more than one year, there will be a \$250 reinstatement fee. All fees are determined on an annual basis, and are subject to change.*

Laboratory/Company/Name: _____ CDL? Y N
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Phone: _____ Toll Free: _____ Fax: _____
 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: _____

Other affiliations: _____

DESIGNATED REPRESENTATIVES

Please complete the following information about the company's designated representatives. Designated representatives are your official contact(s) authorized to receive and respond to membership and other official correspondence from the Cal-Lab Association.

Primary Contact

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

Phone: _____ ext. _____ Mobile: _____ Email: _____

Check all that apply: Laboratory Owner Manager Other (please specify): _____

Secondary Contact

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

Phone: _____ ext. _____ Mobile: _____ Email: _____

Check all that apply: Laboratory Owner Manager Other (please specify): _____

I understand that my signature on this application represents a contractual obligation for annual dues renewals (based on the calendar year) until I terminate such membership in writing. I further understand that my dues are not waived, all or in part, for any year that my lab does not participate in the annual meeting. I understand that dues are non-refundable.

I understand that I am entitled to up to two complimentary registrations at the Cal-Lab Association annual meeting. I also understand that additional employees may be allowed for a fee. (Additional information provided on annual registration form.)

Signature: _____ **Date:** _____

Reference from a sponsoring member lab is required for membership application. Please complete the following:

Referred by: _____

Phone: _____

MEMBERSHIP PAYMENT INFORMATION

Payment Method: Visa MasterCard American Express Discover Check (Payable to Cal-Lab Association) **Total Amount: \$** _____

Cardholder Name: _____ Signature: _____

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

Billing Address: _____ Billing Zip/Postal Code: _____

MAIL, FAX, OR EMAIL MEMBERSHIP APPLICATION TO:

Cal-Lab Association | PO Box 206, Elkin, NC 28621 | P: (336)835-9251 | F: (336)835-9243 | www.cal-lab.org | contactus@cal-lab.org