

# 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. Must be in US dollars. Dues are on a calendar-year basis (January 1-December 31).

*\*\*If membership lapses for more than one year, there will be a \$50 reinstatement fee (waived for 2020). All fees are determined on an annual basis, and are subject to change.*

**Note: Any membership application for the 2020 year received after February 12, 2020 is considered "onsite" and will be charged a \$50 fee.**

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
- Implants  Milling Center
- Outsourcing

### 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): \_\_\_\_\_

# years in lab business: \_\_\_\_\_

# years at this location: \_\_\_\_\_

# total employees: \_\_\_\_\_

# technical employees: \_\_\_\_\_

# non-technical employees: \_\_\_\_\_

Other affiliations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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 **one** complimentary registration 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:** \_\_\_\_\_

## MEMBERSHIP PAYMENT INFORMATION

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

(must be US dollars)

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