

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. 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

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

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 **one** complimentary registration at the Cal-Lab Association annual meeting. I also understand that additional employees may be allowed to register for an additional fee. (Additional information provided on annual registration form.)

Signature: _____ Date: _____

MEMBERSHIP PAYMENT INFORMATION

Payment must be made in US dollars.

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: _____

Email for receipt: _____

MAIL, FAX, OR EMAIL MEMBERSHIP APPLICATION TO:

Cal-Lab Association | PO Box 206, Elkin, NC 28621 | P: (336) 975-0029 or (336) 835-9251 | F: (336) 975-0033 | www.cal-lab.org | contactus@cal-lab.org