

CAL-LAB ASSOCIATION

OFFICIAL LABORATORY MEMBERSHIP APPLICATION

(Pending Board Approval)
Confidential Documentation



CAL-LAB ASSOCIATION INDIVIDUAL LABORATORY MEMBERSHIP

Cal-Lab Individual Laboratory 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.*

Note: Any membership application for the 2025 year received between February 14, 2025 and February 21, 2025 is considered "onsite" and will incur a \$50 onsite processing 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

What was your laboratory's revenue last year?

_____ less than \$500,000	_____ \$500,000 - 1,000,000	_____ \$1,000,000 - \$2,500,000	
_____ \$5,000,000 - \$10,000,000	_____ \$10,000,000 - \$20,000,000	_____ \$20,000,000 +	

Required information!

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

What percentage of gross income comes from dentists? _____

(answer required) _____

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. Your primary representative should be the person you would like to receive all association correspondence and your billing representative should be the person you would like to receive all billing information.

Primary Representative: _____ CDT? Y N CDT# _____ -00

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

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

Billing Representative: _____ 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: Jotform (online) Check Credit Card Authorization (see below)

Membership Total _____

Credit Cardholder Name: _____

Credit Card Number: _____ Exp Date: _____ CVV2: _____

Address: _____ Country: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Signature: _____

MAIL, FAX, OR EMAIL MEMBERSHIP APPLICATION TO:

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