

CAL-LAB ASSOCIATION

OFFICIAL MULTI-LABORATORY MEMBERSHIP APPLICATION

(Pending Board Approval)
Confidential Documentation



CAL-LAB ASSOCIATION MULTI-LABORATORY MEMBERSHIP

Cal-Lab Multi-Laboratory Membership Dues \$495.00**

Multi-Laboratory membership is for companies that own more than one dental laboratory.

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.*

Please contact the Cal-Lab office at 336-975-0029 if you have any questions

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.

Required information!

Company Name: _____

Address: _____

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

Phone: _____ Toll Free: _____ Fax: _____

Email: _____ Website: _____

Company Main Contact: _____ CDT? Y N CDT# _____ -00

Please choose which best describes your company:

- Proprietorship
- Corporation
- Partnership

How many dental laboratories does this company own? _____

Please attach a list of all dental labs to the application or email to the Cal-Lab office.

Check if the following work is performed by any of your labs:

- Dentures Partial Dentures
- Ceramics Crown & Bridge
- Ortho Full Service
- Implants Milling Center
- Outsourcing

What average percentage of gross income of all of your labs comes from dentists?
(answer required) _____

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 company 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 as a benefit of my multi-laboratory membership. I also understand that additional employees of listed dental laboratories 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