



Dental Laboratory Association Of Alabama

200 Rice Rd.

Hartselle, AL 35640

Application for State Membership

Membership Committee shall accept the application for membership of any ethical professional dental laboratory within the State of Alabama. The application shall be forwarded to the Board of Directors for approval. A "Professional Ethical Dental Laboratory" is defined as a commercial dental laboratory serving only the dental profession on a properly authorized prescription from a licensed dentist.

Name of Laboratory _____

Mailing Address _____ City _____

State _____ Zip Code _____ Telephone ____/____/_____

Email Address _____

Website Address: _____

Name of Owner (s): _____

Designated Representative _____

(to have voting privilege for your laboratory)

Signature _____ Date ____/____/_____

Lab Membership: \$260.00 per year. Payable Annually or Semiannually \$130.00 open to Commercial Dental Laboratories in the State of Alabama

Associate Membership: \$100.00 per year. Payable Annually open to any person who does not meet the requirement for technician or laboratory membership, may be a manufacturer, supplier, salesperson, or commercial laboratory not holding propriety interest in the State of Alabama

Technician Membership: \$100.00 per year. Payable Annually open to any technician or staff of a commercial or private dental laboratory in the State of Alabama who is not a member

Student Membership: \$25.00 per year. Payable Annually open to any student effectively enrolled in an institution offering a formally recognized dental technology, dental hygiene or dental assisting program

PAYMENT INFORMATION: make check, payable to DLAA and mail to above address or submit credit card information

Visa Mastercard American Express

Card No.: _____ Security Code: _____ Expires _____

Name as it appears on the card: _____ Zip Code _____

Credit Card Billing Address: _____

(there will be a 3.5% surcharge +.15 for credit card processing)