



Dental Laboratory Association of Alabama

4698 Biscayne Circle, Powder Springs, GA 30127

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Phone: 6378.644.8683 Web: www.dlaal.org

Application for State Membership

The Membership Committee accepts 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/Technician _____

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 ____/____/_____

Types of Membership - Check which you are applying for:

___ **Lab Membership:** \$260 per year. Open to commercial dental laboratories in the State of Alabama.

___ **Associate Membership:** \$100 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 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 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 below.

Circle Card Type: Visa MasterCard American Express

Card No. _____ Security Code _____ Expires _____

Name as it appears on the card _____ Zip Code _____

Credit card billing address _____

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or

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