



WASHINGTON STATE DENTAL LABORATORY ASSOCIATION, INC.
325 JOHN KNOX RD #L103, TALLAHASSEE, FL 32303
1-800-652-2212 or 850-205-5633 FAX 850-222-3019
EMAIL: wsdl@executiveoffice.org WEBSITE: www.wsdl.com

APPLICATION FOR MEMBERSHIP

Name _____ CDT RG
 Business Name, if applicable _____ CDL
 Address _____

 City/State _____ Zip _____
 Telephone _____ FAX Number _____ E-Mail _____

TYPE OF MEMBERSHIP: (Please check one)

ACTIVE MEMBERSHIP: Commercial dental laboratories

WA State Dept of Rev # _____

2nd Representative _____ CDT

(____)

Sole Proprietor____ Partnership____ Corporation____

Specialties: Full Dentures____ Part. Dentures____ Crown/Bridge____ Ceramics____ Orthodontics____ Full

Service____

Number of Full-time Employees: Technicians____ Office____ Delivery____

Associate Membership: Manufacturers, suppliers to the dental industry, educators

Dental Technician: Individual currently practicing dental technology in Washington but does not own a lab.

Student Member: Individual attending dental lab technology school and up to six months after leaving school.

School _____ Completion Date _____ (approx.)

Annual Dues:

Active Member Basic Dues: \$250 (includes lab & owner)	\$250	= \$	_____
Plus \$25 per full time person	+ \$25 x _____ employees	= \$	_____
Associate Member (Manufacturer/Suppliers/Educators) Dues: \$300	\$300	= \$	_____
Technician Dues: \$125 annually	\$125	= \$	_____
Student Dues: Complimentary	Comp	= \$	_____
New Member Initiation Fee (one time)	\$ 25	= \$	25_____
TOTAL		= \$	_____

A check or credit card number covering initiation fee and dues (annual, semi-annual) must accompany this application. If the application is not accepted, a refund will be made.

Credit Card # _____ Exp Date _____ VISA MC AE

Security Code (last 3 digits on back of card) _____ Zip Code (where your credit card statement is mailed) _____

Name on

card _____ Signature _____

I agree to abide by the Constitution, By-Laws and Code of Ethics of WSDLA and to pay my dues promptly when due.

Applicant's Signature _____ Date _____

Mail Application with payment (made payable to WSDLA) to: WSDLA, 325 John Knox Rd #L103, Tallahassee, FL 32303