

Washington State Dental Laboratory Association

MEMBERSHIP APPLICATION



Name _____ CDT RG Other Credentials _____

Laboratory/Company Name _____ CDL DAMAS Other Credentials _____

Specialties: (Please check all that apply)
 Full Dentures Partial Dentures Crown/Bridge Ceramics Orthodontics Full Service

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Washington State Department of Revenue # _____

If you are a new member, did someone refer you to the WSDLA?

NAME: _____ **LAB:** _____

TYPE OF MEMBERSHIP & ANNUAL DUES: (Please check one):

Commercial Dental Laboratory Member (includes lab and owner) **\$250.00**
plus \$25.00 per full time technician in lab
Number of Technicians _____ x \$25.00 each _____
Total Amount Due for Laboratory Dues _____

Associate Member (manufacturers and suppliers) **\$300.00**

Dental Technician Member **\$125.00**
(currently practicing dental technology, not lab owner)

Student Member (student at dental technology school) **Free**
Scheduled Degree Completion Date _____

New Member Initiation Fee (one time fee) **\$25.00**

TOTAL AMOUNT DUE = \$ _____

PAYMENT INFORMATION:

Payment Method: Check made payable to WSDLA VISA MASTERCARD AMERICAN EXPRESS

Credit Card # _____ Expires: _____ Security Code: _____

Credit Card Billing Address: _____

Name on Card: _____

Cardholder Signature: _____