



CALIFORNIA DENTAL LABORATORY ASSOCIATION

Active Member Application

***YOU'RE INVITED TO GROW INTO THE FUTURE
JOIN THE CALIFORNIA DENTAL LABORATORY
ASSOCIATION***

BECOME A CDLA MEMBER

Now you can become a member for \$32.00 per month
(For each full time bench technician add \$1.50)

NAME _____

LAB OR BUSINESS
NAME _____

BUSINESS ADDRESS _____

CITY _____ ZIP _____

TELEPHONE NUMBER _____

E-mail Address _____

NAME OF THE PERSON WHO WILL REPRESENT THE FIRM

NUMBER OF TECHNICIANS (EXCLUDING YOURSELF) _____

SALES TAX PERMIT NO. _____

BUSINESS LICENSE NO. _____

CHECK THE WORK PERFORMED IN YOUR LABORATORY:

DENTURES PARTIAL DENTURE CROWN & BRIDGE PORCELAIN CHROME
 ORTHODONTIC

In making this application, I agree to abide by all laws, ordinances, or public regulations concerning the dental laboratory industry.

APPLICANTS SIGNATURE _____

DATE OF APPLICATION _____

Make Check Payable to CDLA or you may charge by [] Visa [] Mastercard

Account number _____ Expiration Date _____

Signature _____