



**CALIFORNIA DENTAL LABORATORY ASSOCIATION**

**Associate / Affiliate Application**

**You're invited to grow into the future.**

**Join the California Dental Laboratory Association.**

Become a Member for an annual fee of \$150.00

Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

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

Applicants signature \_\_\_\_\_

Date of application \_\_\_\_\_

**Make Check Payable to CDLA**

or charge by \_\_\_\_\_ Visa or \_\_\_\_\_ Mastercard

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_