

Florida Dental Laboratory Association Membership Application

Laboratory Membership\$140.00

Any commercial dental laboratory registered by the State of Florida Department of Health is eligible. Membership shall be in the name of the laboratory as registered by the State of Florida. The owner or designated representative, partner or designated representative shall represent the laboratory in meetings and is eligible for elective office and voting privileges. Dues cover one calendar year from the date of application.

Technician/Staff Membership.....\$30.00

Any dental technician/staff of member laboratories, laboratory clinicians working in a dentist's office and technician/staff working with affiliate members are eligible. Membership entitles person to all services, social events and educational activities of the association. Member is not eligible for elective office or voting privileges. Dues cover one calendar year from the date of application.

Retired Technician/Staff Membership.....\$30.00

Any retired dental technician/staff, retired laboratory clinicians that worked in a dentist's office and retired technician/staff who worked with suppliers/manufacturers are eligible. Membership entitles person to all services, social events and educational activities of the association. Member is not eligible for elective office or voting privileges. Dues cover one calendar year from the date of application.

Affiliate Membership\$140.00

Individuals who own or manage a dental laboratory or dental office and support the mission of the Association but do not qualify for Laboratory Membership. Membership entitles person to all services, social events and educational activities of the association. Member is not eligible for elective office or voting privileges. Dues cover one calendar year from the date of application.

Associate Membership (Individual Membership, One Person).....\$60.00

Owner or co-owner of a commercial dental laboratory in Florida are not eligible for this membership category. Any sales or technician representative of suppliers, manufacturers, vendors, out-of-state dental laboratories is eligible. Membership entitles person to all benefits and privileges of the state association. Member is not eligible for elective office or voting privileges. Dues cover one calendar year from the date of application.

Student Membership\$30.00

Open to any students at Florida schools offering a dental technology program. Membership entitles person to all benefits and privileges of the state association. Member is not eligible for elective office or voting privileges. Dues cover one calendar year from the date of application.

Name: _____ CDT? _____

Laboratory Name: _____ CDL? _____

Address: _____

Phone: _____ Toll Free: _____ Fax: _____

Email Address: _____ Website: _____

Signature: _____ Date: _____

PAYMENT METHOD

Check, made payable to FDLA or Credit Card - Visa MasterCard

Card No.: _____ Expiration Date: _____

Name as it appears on Card: _____

Signature: _____

**RETURN APPLICATION AND PAYMENT TO FDLA AT P.O. BOX 328, TALLAHASSEE, FL 32302-0328
OR FAX APPLICATION WITH CREDIT CARD PAYMENT TO (850) 222-3019.**