



MISSISSIPPI
DENTAL
LABORATORY
ASSOCIATION

Association membership ...it pays!

MEMBERSHIP CATEGORIES

Full Member: Dental Laboratory Owners or Managers of established, ethical, commercial dental laboratories operating in the state of Mississippi. Lab is member and is entitled to one vote. All employees may enjoy discounts at State Association sponsored meetings. Membership is on a calendar year basis.

Dues: \$120/yr.

Associate Member: IF YOU MEET THE CRITERIA FOR FULL MEMBERSHIP, YOU DO NOT QUALIFY FOR THIS CATEGORY. Suppliers, salesmen, students, dentists, out-of-state lab technicians and other friends of the dental laboratory industry (providing they are not owners or co-owners of a dental laboratory) are eligible for this category. May not vote or hold office. Membership is on a calendar year basis.

Dues \$66/yr. (individual) \$120.00/yr. (company lab)

<p>Application is hereby made for membership in the : MISSISSIPPI DENTAL LABORATORY ASSOCIATION, INC.</p>	
LABORATORY/NAME: _____	
ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	
PHONE: _____ FAX: _____	
EMAIL: _____ WEBSITE: _____	
DESIGNATED REPRESENTATIVE: _____ CDT ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE MEMBERSHIP DESIRED: <input type="checkbox"/> Full <input type="checkbox"/> Associate (Individual) <input type="checkbox"/> Associate (Lab)	
Referred By: _____	
<p>***Payment for dues for ONE FULL year must accompany application.*** Please return to: MDLA P.O. BOX 206 Elkin, NC 28621 Questions? Phone: 336-835-9251 or FAX: 336-835-9243</p>	
<p><small>By submitting this application, I/we understand it is my/our responsibility to become familiar with the contents and meanings of the bylaws of the MDLA and all laws, ordinances or public regulations concerning the dental laboratory industry, and to abide thereby. Further, it is my/our duty to participate in the affairs and activities of said Association. It is understood and agreed that my/our membership shall continue and I/we shall be liable for annual dues until membership is formally terminated in accordance with the bylaws of the Association.</small></p>	
Signed: _____ Date: _____	
<p>PAYMENT METHOD: <input type="checkbox"/> Check (payable to MDLA) <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Amount Authorized \$ _____</p>	
CC#: _____ Exp. Date: _____	
CC Statement Address: _____ Statement Zip Code: _____	
If using <i>Visa</i> or <i>MasterCard</i> , please enter 3-digit number from back of card - usually in signature block - (following CC#) _____ Required	
Card Holder Name: _____ Signature: _____	