



APPLICATION FOR GEORGIA DENTAL LABORATORY ASSOCIATION MEMBERSHIP

You are cordially invited to become a member of your State Association.

Membership is available to any ethical professional dental laboratory in the State of Georgia. An "Ethical Professional Dental Laboratory" is defined as a commercial dental laboratory serving only the dental profession on a properly authorized prescription from a licensed dentist.

Name of Laboratory: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

E-Mail: _____

Business License # _____ City: _____ County: _____ Services Offered:

Please check all that apply

- | | |
|-------------------------|------------------------|
| _____ Crown & Bridge | _____ Ceramics |
| _____ Complete Dentures | _____ Partial Dentures |
| _____ Orthodontics | _____ Full Service |

Type of Ownership

_____ Sole Proprietorship _____ Partnership _____ Corporation

Number of Employees: _____

Name of Owner(s) and Spouse. *Please indicate if CDT or RG*

Designated Representative: _____

To have voting privileges for active laboratory member

Dues Structure: Payable Annually or Bi Annually

GDLA Annual Dues As per laboratory size _____ \$ _____ BI Annually __ \$ _____

1-2 employees \$240, 2-4 employees \$260, over 5-6 employees \$280, 7 or more employees \$300

Associate Membership, Dentist, Technician or Vendor: \$100 Annual Dues

GDLA Member sponsoring application Approved/Date: _____

Please complete and return:

Mail to P O Box 2110 Clarkesville, GA. 30523 or fax 706-778-9988
Fax: 706-839-4241 or Scan and email to: gdla.ed@gmail.com