

APPLICATION FOR MEMBERSHIP IN THE ILLINOIS DENTAL LABORATORY ASSOCIATION

_____ (print or type name of laboratory)

hereby makes application to the above named Association; on this _____ day of _____ 20 ____; and in doing so, its Owner(s) agree to abide by the Association's Constitution and By-Laws and its Code of Ethics.

Owner(s) Name(s) _____ Title _____
(print or type name, CDT if applicable, title)

Laboratory Address _____ E-mail _____

City _____ State _____ Zip _____ Phone _____ Fax _____

How long in business? _____ Number of owners and full-time technicians. _____

Do you own building or rent? _____ Is lab in a commercial location or home? _____

Lab Specialties: Dentures ___ Partial ___ C&B ___ Ceramics ___ Ortho ___ Implant ___ Mill ___ Cosmetic ___

Federal Tax Identification Number: _____

PLEASE SUBMIT THE NAMES OF TWO IDLA MEMBERS AS REFERENCE

Reference: _____

Reference: _____



CONSTITUTION AND BY-LAWS – ARTICLE III – MEMBERSHIP Section 1: Active Membership

Active and incapacitated Memberships—shall be those ethical commercial dental laboratories located in the State of Illinois, operated by persons of good ethical reputation under the supervision of dental technicians, as private ownerships, partnerships or corporations, and whose services are exclusively available to members of the ethical dental profession and/or other ethical dental laboratories.

Are you in compliance with local zoning laws and municipal ordinances? ___ Yes ___ No.

If no, have you received a variance (permit to operate not in compliance with local zoning laws, etc.)? ___ Yes ___ No.

I have read the above and certify that our laboratory falls within the interpretation of the Constitution and By-Laws, Article III Section I. Owner(s) signature, home address and phone number must appear.

(signature)

(home address and phone number)

(signature)

(home address and phone number)

Return to:

Illinois Dental Laboratory Association

Naperville, IL 60567-9739

Annual Dues

1-2 technicians: \$275

3-5 technicians: \$300

6-10 technicians: \$325

Over 11 technicians: \$350

IMPORTANT: A \$100 deposit is required on submission of this membership application. The deposit will be applied to annual dues after application approval. The deposit will be returned in the event that the application is not approved