

# 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  
P.O. Box 9739  
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