



# MEMBERSHIP APPLICATION FORM

## OREGON ASSOCIATION OF DENTAL LABORATORIES

PO Box 355 Rockaway Beach, OR 97136 Telephone: 1-800-952-2751

(please make any necessary corrections)

The Oregon Association of Dental Laboratories is a state component of the National Association of Dental Laboratories. OADL's members are committed through cooperative efforts to the improvement of the conditions affecting dental laboratories, dental technicians, and the dental laboratory industry.

**Please Check the Appropriate Membership Category:**

**ACTIVE MEMBERSHIP ~ For commercial dental laboratories,** as defined in Article III, Section 2.A of the Bylaws. Annual dues (January through December) are \$250. Dues may be paid in semi-annual installments with no extra carrying charges. Besides the OADL services available to laboratory members, the technician employees of member labs may register at the membership rate for all continuing education clinics and are eligible for participation in all OADL Programs.

**AFFILIATE MEMBERSHIP ~ For dental industry manufacturers and suppliers.** Annual dues (January through December) are \$150. Affiliate Members designate one authorized representative.

**ASSOCIATE MEMBERSHIP ~ For dental technicians who are not laboratory owners, and for students.** Annual dues (January through December) are \$52. Associate members may register at the membership rate for all continuing education clinics.

Fill in the information below completely and clearly ~ please.

\_\_\_\_\_  
Laboratory or Business Name, or Individual's Name if for Associate/Student Membership

\_\_\_\_\_  
Designated Representative(s) to OADL (for Active and Affiliate Members). Applicants for associate/student membership leave this line blank. CDT? **Y** or **N**

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Fax Number E-Mail

**TOTAL Membership amount: \$** \_\_\_\_\_

**Active Member Applicants  
(Dental Laboratories)  
Please Provide the Information  
Below**

**1. Check your specialties:**

- Full Service
- Complete Dentures
- Partial Dentures
- Crown and Bridge
- Ceramics
- Orthodontics
- Other \_\_\_\_\_

**VISA or MasterCard information:**

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Security Code **REQUIRED**: \_\_\_\_\_

Office Use: Date rec'd \_\_\_\_\_ DB CH QB