



OHIO DENTAL LABORATORY ASSOCIATION

## Application for Membership

*Please print or type the following information:*

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business/Laboratory (Specialty): \_\_\_\_\_

Number of Technicians (excluding owner(s)): \_\_\_\_\_

### Membership Type

- Laboratory Member - 185.00
- Associate Member (Dental Offices) - \$200.00 per year
- Manufacturer - \$200.00 per year
- Student - \$10.00 per year

### Payment Information

Check enclosed. Please make checks payable to ODLA.

Credit Card:                       Visa                       MasterCard                       American Express

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CVV#: \_\_\_\_\_ (Vi/MC users: 3 digit number on back of card. Amex users: 4 digit number on front of card.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return applicaton to the ODLA office at:

325 John Knox Road, Suite L103, Tallahassee, Florida 32303 or by fax at 850.222.3019  
850.224.0711  
www.theodla.org

Dues paid to the ODLA are not considered a charitable contribution, however,  
may be considered a tax deductible business expense.