

MACDL APPLICATION

Active Laboratory Membership/Associate Technologist

MACDL Executive Office ♦ 22800 Stair Dr. ♦ Clinton Twp., MI 48036-2747

Phone- 586-469-1121; FAX- 586-469-1147; Email- Irene@macdl.org; www.macdl.org

I hereby make application for membership in the MACDL with the understanding that I meet the requirements for membership as set out in the Constitution & By-Laws given and that, if elected to membership, will be entitled to all privileges of membership and do hereby agree to abide by the Constitution and By-Laws of the MACDL. I further understand that the first year's membership is probationary.

Please print:

Laboratory/Name _____ Date _____

Lab/Home Address _____

City, State _____ Zip _____

Phone (_____) _____ FAX (_____) _____

E-mail address (for MACDL use only): _____

***** Due to the cost of credit card processing, a check is preferred. *****

Credit Card (Visa/Master Card) # _____/_____/_____/_____ (billing address same as above?)

CC Billing Address (City, State & Zip): _____

Expiration date: _____/_____; CVV Code (3 digit code on signature strip) _____

Name & Signature _____

Please select and complete either "Active Laboratory Membership" or "Associate Technologist"

Active Laboratory Membership

The maximum fee to any laboratory is \$575 regardless of the number of owners or technicians. A 1½ % late charge will be charged on all delinquent dues. Dues may be paid by credit card or check made payable to MACDL.

MACDL Yearly Dues per laboratory (includes one owner) \$ 220.00

Plus \$16 per each additional owner & technician \$ _____

Total Annual Dues \$ _____

membership cards: Owners/Managers _____, Technicians _____, Office (comp.) _____

Specialties: Dentures _____, Partial Dentures _____, Crown & Bridge _____, Ceramics _____, Orthodontics _____, Implants _____

Federal Tax Number (38#) or SS Number _____

Is your laboratory zoned properly? _____ Total Number of CDTs _____

Have you ever been convicted of illegal dentistry? _____

Do you support OSHA and Infection Control regulations? _____

Designated Representative _____

Designated Representative _____

One year's dues must be paid in full with this application

Associate Technologist Membership

The Associate Technologist membership is established primarily for employees of all dental laboratories. It is offered to dental laboratory technicians who meet all qualifications for regular membership **except laboratory ownership** but shall neither vote or hold office. The dues for this category will be based on the calendar year and not prorated. The Associate Technologist will be able to attend all clinics at member's rates except business management and/or forums. They will receive all benefits and mailings of membership and social functions. Dues may be paid by credit card or check made payable to MACDL.

MACDL Yearly Dues per technologist \$ 63.00

Specialties: Dentures _____, Partial Dentures _____, Crown & Bridge _____, Ceramics _____, Orthodontics _____, Implants _____

Signature: _____ CDT: Yes No

One year's dues must be paid in full with this application

I hereby submit this application and fully promise to support and follow the ethical criteria and the bylaws and constitution of the Michigan Association of Commercial Dental Laboratories. MACDL Dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. The organizations lobbying expenses fall under the threshold; therefore, no restrictions are imposed as a result of the organization's lobbying activities.