



MEMBER APPLICATION

Any Commercial Dental Laboratory owned and operated by a person or persons of good reputation shall be eligible to apply for membership. Membership shall be in the name of the laboratory and will be on a calendar year basis. Dues for full year must accompany application. Membership benefits include one registration for the Executive Leadership Summit. Also, SCDL is partnering with CardConnect, so members have the option to sign up and save an average of 27% on their laboratory credit card processing fees. For more information on membership benefits, please visit our website at www.scdl-online.org.

LABORATORY MEMBERSHIP: \$695/year

(includes one complimentary registration to Executive Leadership Summit)

Any person, firm or corporation (Commercial Dental Laboratory) that meets the above requirements. Designated representative from Laboratory Member Laboratories shall be eligible to vote on all issues presented to the General Membership (one vote per laboratory) and hold office.

Contact Name: _____

Laboratory Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email Address: _____

Payment Method:

Check (payable to SCDL) Visa MasterCard Discover American Express

Amount Authorized: \$ _____

Cardholder Name: _____

Card Number: _____

Exp. Date: _____ **CVV(3 or 4-digits required):** _____

Billing Address (required): _____

Signature (required): _____

Southeastern Conference of Dental Laboratories, Inc.

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