



## APPLICATION FOR STATE MEMBERSHIP

*You are cordially invited to become a member of your State Association. Membership is available to any ethical professional dental laboratory in the State of Georgia. An "Ethical Professional Dental Laboratory" is defined as a commercial dental laboratory serving only the dental profession on a properly authorized prescription from a licensed dentist.*

P. O. Box 2110  
 Clarkesville GA, 30523  
 706-778-9988  
 Fax 706-839-4241  
 www.gdla-online.org

**Officers**

Bill Thomas, CDT  
 President

Wayne Howard CDT  
 President Elect

Daniel Rascoe, CDT  
 Vice President

Alli Paulen Hauser  
 Treasurer

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 Phil Stoner, CDT  
 Rick Campbell, CDT  
 Brad Isbell

Senior Board Advisor  
 Alvin Gibson, MCDT

**Futures Committee**

Keith Miolen  
 Frank Manfre  
 Jonathan Stoner  
 Amy Landers, CDT

**Executive Staff**

Dean Jones, CDT  
 Executive Director  
 gdla.ed@gmail.com

Name of Laboratory: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Business license #: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Services Offered: please check all that apply

_____ Crown & Bridge	_____ Ceramics
_____ Complete Dentures	_____ Partial Dentures
_____ Orthodontics	_____ Full Service

Type of Ownership:

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

Number of Employees: \_\_\_\_\_

Name of Owner(s) and Spouse (s) *Please indicate if CDT or RG*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Designated Representative: \_\_\_\_\_

*(To have voting privileges for active laboratory*

*member)*

Dues Structure:

Payable Annually or Semi-Annually. Six month's dues must accompany application.

GDLA Annual Dues \$300.00                      Semi-Annual \$150.00

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V Code \_\_\_\_\_

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

GDLA Member sponsoring application: \_\_\_\_\_

(Regular Membership only) I hereby make application for active membership in the Georgia Dental Laboratory Association with the understanding that, if approved, I will be entitled to all privileges of membership and do hereby agree to abide by the Constitution and By-Laws of the Association.)

Approved/Date: \_\_\_\_\_