



ASSOCIATION MEMBERSHIP

...it pays!

MEMBERSHIP CATEGORIES

TECHNICIAN MEMBERSHIP shall be open to dental technicians or owners or staff of any commercial or private dental laboratory or dental practice including hospitals, military and teaching facilities. *Technician members have the right to one vote in all matters before the General Membership, may hold elective/appointed office, and/or may serve on committees. Technician members shall be eligible to attend Association meetings at applicable member rates. Dues are on a calendar year basis.*

ANNUAL DUES: \$150.00

ASSOCIATE MEMBERSHIP shall be open to individuals who do not meet the criteria for Technician, is a representative of a manufacturer or supplier, salespersons, friend of the industry or Society, or a practicing dentist. *Associate members shall have all rights and privileges as set forth by the bylaws of the DTS. Associate members may not vote in matters before the General Membership. Associate members that represent manufacturers or vendors to the dental laboratories are eligible to be appointed to the Industry Advisor position. Dues are on a calendar year basis.*

ANNUAL DUES: \$300.00

STUDENT MEMBERSHIP shall be open to any student actively enrolled in an institution offering a formally recognized dental technology program. *Student members may serve on a Committee but are not eligible to vote in matters before the General Membership or hold office. Dues are on a calendar year basis.*

ANNUAL DUES: \$20.00

TECHNICIAN / ASSOCIATE / STUDENT MEMBERSHIP APPLICATION

NAME: _____ CDT? YES NO CDT#: _____-00

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PARISH: _____

PHONE: _____ FAX: _____ E-MAIL: _____

EMPLOYER / SCHOOL (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PARISH: _____

I am choosing not to go green. Please mail a printed membership certificate.

*** ** PAYMENT FOR DUES FOR ONE FULL YEAR MUST ACCOMPANY APPLICATION. *** **

Payment Method: Check VISA MasterCard Discover Amount Authorized \$ _____

Card number: _____ Exp. Date: _____

Name on card: _____ CVV (required): _____

Statement address, city, state and zip: _____

By submitting this application, I/we understand it is my/our responsibility to become familiar with the contents and meanings of the bylaws of the DTS and all laws, ordinances or public regulations concerning the dental laboratory industry, and to abide thereby. Further, it is my/our duty to participate in the affairs and activities of said Association. It is understood and agreed that my/our membership shall continue and I/we shall be liable for annual dues until membership is formally terminated in accordance with the bylaws of the Association.

Please return to: DTS | PO Box 206 | Elkin, NC 28621 | contactus@fun-n-sun-weekend.com Questions? (336) 835-9251 or FAX (336) 835-9243

Signed: _____ Date: _____