

ISDS DENTAL LABORATORY TECHNICIAN MEMBERSHIP APPLICATION

Name _____

Home Address _____

City, State, Zip Code _____

Lab Name _____

Lab Address _____

City, State, Zip Code _____

Home Phone Number _____ Lab Phone Number _____

Preferred Mailing Address (Check One) HOME LAB

*The applicant must be an owner of, or currently employed by, a member
dental laboratory of the Illinois Dental Laboratory Association.*

Signature (of dental lab owner) _____

Mail \$25 to: Illinois State Dental Society, P.O. Box 376, Springfield, Illinois 62705

Checks can be made payable to ISDS, or you can use your Visa or Mastercard.

Visa or Mastercard # _____ Expiration Date _____