ADVANCED FAMILY DENTISTRY VIP MEMBERSHIP REGISTRATION

REGISTRANT INFORMATION		
Name:		
Date of birth:	Primary Phone:	Other Phone:
Current address:		
City:	State:	ZIP Code:

SPOUSE INFORMATION		
Name:		
Date of birth:	Primary Phone:	Other Phone:

CHILDREN INCLUDED IN MEMBERSHIP			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

SIGNATURES	
By completing this registration and signing below, you are agreeing to all of the membership terms and conditions listed below.	
Signature of registrant:	Date:
Signature of spouse *(only for registration):*	Date:

PAYMENT INFORMATION		
My signature above authorizes ADVANCED Family Dentistry to charge my credit card ☐ Monthly $ ___________ or ☐ Yearly $ ____________		
Credit Card #	Expiration	CSC/CSV:
Name as it Appears on Card:		
Billing Address (if differenct from address above):		
☐ I prefer monthly/annual invoices. Benefits are provided after payments are received.		

Total Annual Membership: $ ____________________

Benefits (Per Patient):

- 2 Hygiene Visits Per Year
- 2 Doctor Exams
- Cavity Detecting and Diagnostic X-rays
- 1 Emergency Exam Per Year (if needed)
- Gum Health Exam & Periodontal Assessment
- Fluoride Treatment
- 10% Immediate Savings on Any Recommended Treatment
- 2-Year Material Warranty with 2 Hygiene Visits Per Year

Annual Fees:

- Children 0 - 13: $351 annually (first child), each additional child $330
- Adult (14 and over): $427 annually, spouse or additional adult each $403

FOR OFFICE USE ONLY

Payment Date: ___________________________

Amount: ________________________

Payment method: ________________________

If check, Check #: ___________

Entered by:________________ Date: ____________

Membership Duration and Dues:

- The Membership is a one year renewable term upon payment of
- annual fees
- This Membership is not subject to any alteration in services or dues.
- All membership payments are to be paid in advance of benefits being provided.

Children: Children are covered up to age 13. Adult rates apply to registrants 14 years or older at renewal of membership year.

Alterations: No alteration or amendment to the membership will be valid unless received in writing.

Cancellation: In the event of any non-payment, benefits will be voided. This is not an insurance policy. ADVANCED Family Dentistry is not an insurance carrier.