

Application for Moore Smile Cash Savings Club

Personal Information:

Adult 1

Name _____

Adult 2

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email address _____

Children's Information

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Name _____ Birthday _____

Plan Cost: (Regular Cleaning Patient)

Individual Adult \$350

or

Individual Child \$250

Additional Adult Members \$300x _____ = _____

Additional Child Member \$200x _____ = _____

Plan Cost: (Periodontal Patient)

Individual Adult (2/Yr) \$450

Additional Adult Members \$400x _____ = _____

Individual Adult (3/Yr) \$580

Additional Adult Members \$530x _____ = _____

Individual Adult (4/Yr) \$700

Additional Adult Members \$650x _____ = _____

Total Annual Cost _____

Applicant's Signature _____ Date _____