

SMILE CLUB MEMBERSHIP FORM

Primary Plan Holder:

Effective Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Birthdate: _____ Social Security # _____

Annual Membership Cost \$299

Additional Family Members To Be Covered:

Additional Cost Per Member:

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$276**

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$177**

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$165**

Name: _____ Relationship: _____ Birthdate: _____ Add: **\$115**

***Total Amount Due:** _____

Payment Method:

_____ Cash (In-Office only**)

**If paying Cash, please return this application to our office in person. Do not mail Cash Payments.

_____ Check (make checks payable to Signature Smiles Dentistry and enclose with application)

_____ Credit Card # _____ Exp Date: _____ CVC: _____

_____ Set my account listed above to Auto Draft***

*** I, _____, authorize Signature Smiles Dentistry to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the dental savings plan. Signature Smiles will notify me when the plan is renewed, for my records. If I choose to discontinue participating in the dental savings plan, I will notify Signature Smiles one month prior to my anniversary renewal date.

*Annual fee is required at enrollment and cannot be financed. Membership Fee for SMILE CLUB is NON-REFUNDABLE. Signature Smiles Dentistry reserves the right to modify, change, or discontinue the SMILE CLUB terms, fees, and services at the company's discretion upon written notice form Signature Smiles prior to your anniversary renewal date.

Please mail this completed application with appropriate payment (check or credit card info) to our office

Signature Smiles, 6 B Cleveland Ct, Greenville, SC 29607

864-271-6213

By signing below, I acknowledge that I have read the Smile Club Brochure and understand the plan details, benefits, and limitations.

Member Signature: _____ Date: _____

