

DENTALINE MEMBER ENROLLMENT FORM

APPLICANT INFORMATION

Name:		
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	Email:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:	
Date of birth:	Phone:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name/Age	Name/Age
Name/Age	Name/Age

TYPE OF PLAN

GENERAL PLANS	ANNUAL MEMBERSHIP	
<input type="checkbox"/> Individual	\$129	
<input type="checkbox"/> Individual, Plus One	\$179	
<input type="checkbox"/> Family, Up to 4	\$249	<input type="checkbox"/> Additional Family, _____ x \$49
		TOTAL \$ _____

PAYMENT INFORMATION

<input type="checkbox"/> Please charge my credit card listed below for the amount of \$_____. <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		
Credit Card Number:	Expiration Date:	
Name on Card:	Signature:	
Billing Zip Code:	Verification Code:	
<input type="checkbox"/> My check is enclosed for the total amount.		

SIGNATURES

I authorize that the information provided on this form is true and complete. My payment is enclosed as indicated above.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:

REFERRAL

I heard about DentaLine through: _____ Phone: _____

For Office Use		
Received:	Payment Processed:	Package Sent:
Membership Number(s):		

FOR FASTER SERVICE, CALL 480.836.9966.

OR MAIL COMPLETED FORM WITH PAYMENT TO: 10645 N. TATUM BLVD. STE 200-444, PHOENIX AZ 85028