

J.E. Steele D.D.S. P.C

Periodontal Membership

Application for our In-House Dental Plan

Coverage Begins on the Day you Register

For Office Use Only

Renewal Date:

Single Member Information:

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ SSN _____

Second Member Information:

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ SSN _____

Traditional Membership Dues:

(please circle how you would like to pay)

Individual: *Annual \$900/yr. **Quarterly \$225/qtr. **Monthly \$75/mo.

2nd Family Member: *Annual \$780/yr. **Quarterly \$195/qtr. **Monthly \$65/mo.

*If paying annually at day of sign-up take an extra 5% off total dues

**If paying monthly or quarterly you must sign up for our automatic billing through PayLeap

Applicant's signature: _____ Date: _____

Payment Type:

Check _____ PayLeap (Automatic Billing) Credit Card: Visa Discover MasterCard

Card Number _____ Exp. Date _____

Zip Code for Cardholder _____

Cardholder Signature _____