

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

## Traditional 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 \_\_\_\_\_

### Third Member Information:

Name \_\_\_\_\_ M / F Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ SSN \_\_\_\_\_

### Traditional Membership Dues:

(please circle how you would like to pay)

Individual:                    \*Annual \$540/yr.                    \*\*Quarterly \$135/qtr.                    \*\*Monthly \$45/mo.

2<sup>nd</sup> Family Member:                    \*Annual \$420/yr.                    \*\*Quarterly \$105/qtr.                    \*\*Monthly \$35/mo.

3<sup>rd</sup> Family Member:                    \*Annual \$360/yr.                    \*\*Quarterly \$90/qtr.                    \*\*Monthly \$30/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 \_\_\_\_\_