

SUNNYBROOK DENTAL- MEMBERSHIP PROGRAM

Effective Date: _____

Last Name: _____ First Name _____ MI _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip _____

Covered members:

Name	Birth Date	Relationship	Cost per Member
		(A) Member	
		(B)	
		(C)	
		(D)	
		(E)	
		(F)	

Annual Membership Fees:

- One-Time Joining Fee for Family: \$50.00
- Individual Adult: \$399.00
- Each Additional Member: \$349.00

Payment Method

- Check
- Cash
- Debit/Credit Card # _____ Exp. Date _____ CVC _____

By signing below, I acknowledge that I have read the brochure and understand the plan details and limitations.

*Annual fee is required at enrollment and is non-refundable. Sunnybrook Dental reserves the right to modify, change, or discontinue the Sunnybrook Dental Membership Program, fees, terms, and services at the company's option upon written notice from Sunnybrook Dental prior to your anniversary renewal date.

Signature _____ Date _____
(signature of plan holder)

Membership Program Credit Card Auto-Renewal Program
Sign up now and save 5% off next year's premium and lock in this year's fee and avoid any future price increases.

I authorize Sunnybrook Dental to charge my credit card each year upon my anniversary date to automatically renew my enrollment in the discount Plan. Sunnybrook Dental will notify me when the plan is renewed for my records. If I choose to discontinue participating in the discount plan, I will notify Sunnybrook Dental one month prior to my anniversary renewal date.

Signature _____ Date _____
(signature of plan holder)

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