



# ENROLLMENT APPLICATION

## MEMBER INFORMATION:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Center Selected: \_\_\_\_\_

(See Back for Locations)

Names of Dependents\*:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

\*Dependents shall mean children up to age 19 and full time students to age 23. All other members must pay the \$89.00 for their own account.

## ANNUAL MEMBERSHIP FEE:

- Member: \$89.00
- Family (Up to 4 Members): \$169.00

## METHOD OF PAYMENT:

- Payment enclosed (Make check or money order payable to Midwestern Dental.)
- Visa  Discover
- MasterCard  American Express

Card #: \_\_\_\_\_ Security Code (3 or 4 digit # on back of card): \_\_\_\_\_

Expiration date: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signed: \_\_\_\_\_ Date signed: \_\_\_\_\_

COMPLETE APPLICATION FORM, TEAR OFF AT PERFORATION, MOISTEN SEAL, AFFIX STAMP AND DROP IN THE MAIL TODAY.

Please affix  
proper postage  
before mailing.

SMILE SAVERS  
c/o Midwestern Dental  
5050 Schaefer Road  
Dearborn, MI 48126