Premier Dental Advantage

APPLICATION

Print Clearly in black ink, and answer all questions or indicate “not applicable”

Referred by: ____

YOUR PROFILE

Name: ____

Address(not a P.O. Box): ___________________________________

City: ____________________ State: __________ Zip: __________

Home Phone Number: ( ) ______________________________

Email Address: ______________________________________

Driver’s License/ ID#: ____________________________________

SSN: ____________________ Date of Birth: _____/_____/_____

Work#: ( ) ______________ Cell#: ( ) _______________

YOUR SPOUSE’S PROFILE

Name: ____

Address(not a P.O. Box): ___________________________________

City: ____________________ State: __________ Zip: __________

Home Phone Number: ( ) ______________________________

Email Address: ______________________________________

Driver’s License/ ID#: ____________________________________

SSN: ____________________ Date of Birth: _____/_____/_____

Work#: ( ) ______________ Cell#: ( ) _______________

YOUR CHILDREN

1. Name: ___________________ Age: _____ SSN: ____________
2. Name: ___________________ Age: _____ SSN: ____________
3. Name: ___________________ Age: _____ SSN: ____________
4. Name: ___________________ Age: _____ SSN: ____________

X ____

Member Signature and Date

Please mail this completed application or bring into our office with appropriate payment (check or credit card) to:

Attention: Premier Dental Advantage	Single: $249
Brea Family Dental Center	Dual: $429
903 S. Brea Blvd., Brea, CA 92821	Family: $739

Make checks payable to Brea Family Dental Center ________________

Credit Card #: ____

Authorized Signature: ______________________________________

Expiration Date: ____

Visa / Mastercard / AMEX / Discover

Thank you for taking advantage of our savings program. We are looking forward to providing you affordability and greater access to quality dental care. We gladly accept enrollment over the phone or you may mail this completed application with appropriate payment (check or credit card information).