Millennium Dental Savings Plan (MDS)
Membership Subscription

APPLICANT INFORMATION ($399 FOR SELF)	
Primary Member's Full Name:	
Date of birth: / /	Phone: ( ) -

IF SPOUSE IS APPLYING ($349 FOR ADDING SPOUSE)	
Spouse's Full Name:	
Date of birth: / /	Phone: ( ) -

IF ADDING CHILDREN TO THE PLAN ($299 PER CHILD)	
Name of Children	Age:

ATTESTATION

- **Membership Benefits Include:**
  - (3) exams: full, periodic, and/or emergency, (2) simple cleanings, full set of x-rays, & (2) fluoride treatments (sum valued around **$1,150** if paying out-of-pocket)
  - **10%** savings on basic treatment (fillings, extractions, etc)
  - **20%** savings on major treatment (crowns, dentures, root canals, deep cleanings)
  - **$100** courtesy towards deep cleanings known as "SRP" (if applicable)
- Requesting payment in full at beginning of membership.
- I am aware that the Millennium Dental Savings Plan is for a fiscal 12-month cycle at time of application and that a partial or full refund cannot be issued once utilized.
- I am applying for the Central Point Family Dentistry's **Millennium Dental Savings Plan**. If applicable, my spouse is aware that he or she is signing up for these benefits as well.
- I confirm that the above information is true and correct to the best of my knowledge.

Adult Member signature: _____ Date: __/__/____