DENTA*max Plus*

3012 19th Street, Suite B • Metairie, Louisiana 70002
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INDIVIDUAL

4561858

Date ________ Representative NEIL Williamson

Name ________

Address ________

City ________ State ____ Zip ________ Home Phone ________

Employer ________ Work Phone ________

Social Security Number ________ (Must be included)

Also cover the following: Name	Sex	Age	Card (Y/N)
Spouse			
Children/Dependents			

Membership Fees

	Single	Member + One	Member and Family
Monthly	$6.00	$8.00	$10.00
Quarterly	$18.00	$24.00	$30.00
Semi-Annual	$30.00	$40.00	$50.00
Annual	$60.00	$80.00	$100.00

One Time Enrollment Fee $15.00

Two cards are issued per membership at no charge. Additional cards are $2.50 each.

Payment Method: Please select one:

Monthly	Quarterly	Semi-Annual	Annual
☐ Bank Draft	☐ Bank Draft	☐ Bank Draft	☐ Bank Draft
☐ Credit Card	☐ Credit Card	☐ Credit Card	☐ Credit Card
	☐ Check	☐ Check	☐ Check

Credit Card Information

MasterCard or VISA (please circle one)

Card Number ________

Expiration Date ________

Name as it appears on card ________

Signature of cardholder ________

Bank Draft Information

Name of bank ________

Checking account # ________

Signature ________

My signature above authorizes you to draft my checking account payable to DENTA*max Plus*. This authorization is to remain in effect until revoked by me in writing. Please attach check for first month fees.

Renewal Authorization

For my convenience I authorize you to charge my DENTA*max Plus* membership fees by the payment method I authorized above 30 days prior to the renewal date of my membership.

Signature of Applicant ________