



**MOORE**  
Dentistry

Application for Moore Smile Cash Savings Club

**Effective Dates For The Calendar Year, Ending December 31 Of The Contract Year.**

Personal Information:

Adult 1

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Adult 2

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Children's Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Plan Cost:

Individual Adult \$350

or

Individual Child \$250

Additional Adult Members \$300x \_\_\_\_\_ = \_\_\_\_\_

Additional Child Member \$200x \_\_\_\_\_ = \_\_\_\_\_

Optional Perio Member \$100x \_\_\_\_\_ = \_\_\_\_\_

Total Annual Cost \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_