BASARA
DENTAL CARE

Dental Membership Plan Enrollment Form

MEMBERSHIP INFORMATION:

Select membership type:

- ○ Annual Child Membership (13 years and younger): $260
- ○ Annual Adult Membership (14 years and older): $380

Last Name _____ First Name _____ M___

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____

Email Address _____

Date of Birth (month/day/year) _____/_____/_____

- ○ I understand and agree to the terms listed above for the Basara Dental Care membership plan. I understand that this is not a dental insurance plan, but a dental membership plan valid only at Basara Dental Care.

Signature _____ Date _____

Printed Name _____