



870-935-4060

Tyrer Dental Care Dental Savings Plan
APPLICATION

Your Profile		
Name:	SS#:	
Address:		
City:	State:	Zip:
Phone: ()	Alt Phone: ()	
Email:		

Spouse		
Name:	SS#	
Address:		
City	State:	Zip:
Phone: ()	Alt Phone: ()	
Email:		

Your Children		
Name:	DOB: ___/___/___	SS#
Name:	DOB: ___/___/___	SS#
Name:	DOB: ___/___/___	SS#
Name:	DOB: ___/___/___	SS#
Name:	DOB: ___/___/___	SS#

Member Signature

Date

Please mail this completed application with the appropriate payment (check or credit card) to:

2603 Browns Lane
Jonesboro, AR 72401

Single:	\$269.00
Double:	\$499.00
Family (3):	\$687.00
Family (4):	\$899.00
Additional Members:	\$119.00/each

Make checks payable to Tyrer Dental Care

Credit Card Number: _____

Expiration: _____ 3-Digit code _____

Authorization Signature: _____ Visa MasterCard Discover Amex

Annual Auto Renewal option: Yes / No