Contemporary Dentistry
Client Advantage Program™ (CAP)

Membership Application

Name: First ______________ M.I. ____ Last ____________________

Address: ____

City: ____________ **State:**____ **Zip Code:** _______ **Date of Birth: [M/D/Yr]** ___/___/___

Indicate all Family Members (First, Last) to be enrolled

1. ______________________________ 6. ______________________________
2. ______________________________ 7. ______________________________
3. ______________________________ 8. ______________________________
4. ______________________________ 9. ______________________________
5. ______________________________

Primary Email Address for communication#: ___________________________

#By providing your e-mail address, you acknowledge that you grant Dr. Woollery permission to communicate via e-mail until you unsubscribe your e-mail address from Contemporary Dentistry's subscription list.

Phone: __________________ **Cell Phone:** ______________

[A] CAP Enrollment Fee: $30.00

[B] Standard Membership Fee: Individual ($7.50) ___ Family ($12) ___

Standard monthly membership enables you and your family to enjoy the convenience of low monthly membership payments and receive graduated discounts that grow over time (2.5% added to the minimum discount rate every three months until you achieve the maximum discount rate for each spending band at month 12 and month 25).

Band 0: Minimum Rate [10%] Highest Discount Rate for this Band
Band 1: Minimum Rate [25%]
Band 2: Minimum Rate [20%]
Band 3: Minimum Rate [15%]
Band 4: Minimum Rate [10%]

[C] Premium Membership Fee: Individual ($8.50) ___ Family ($13) ___

Choose to pay higher monthly membership fees at enrollment and receive maximum discount rates and the greatest out of pocket savings for all spending bands from day 1!

Band 0: Maximum Rate Year 1 [10%] Year 2 [10%]
Band 1: Maximum Rate Year 1 [32.5%] Year 2 [35%]
Band 2: Maximum Rate Year 1 [27.5%] Year 2 [30%]
Band 3: Maximum Rate Year 1 [22.5%] Year 2 [25%]
Band 4: Maximum Rate Year 1 [17.5%] Year 2 [20%]

Credit Card Payment

Charge to my: Visa__ MC__ AMEX__

Name on Card: ____

Account Number: ____

Expiration Date: Month ___________ **Year** ________________

CVV: Visa/MC [last 3 digits on back] _____ AMEX [4 digits on front] _______

Billing Address: ____

____

Auto Debit Payment

Withdraw from my: **Checking __** **Savings __**

Bank Name: ____

ABA/Routing Number:[9 DIGITS]______________________________________

Account Number: ____

Driver License#: ______________ **State:** ___ **Exp. Date:** **[M/D/Yr]** ___/___/___

Agreement: By signing below I understand that my credit /debit card or bank account will be charged the one time enrollment fee ($30) and a recurring standard monthly fee [$7.50 (individual) or $12 (family)] or premium monthly fee [$8.50 (individual) or $13 (family)] 30 days after enrollment, until participation is cancelled [call Contemporary Dentistry at (678) 639 – 0080]. I also understand that I may cancel* within 14 days of enrollment and receive 100% refund of the enrollment fee ($30). See ** below for terms on termination with less than 1 year membership.

NOTE: Dr. Woollery reserves all rights to act in the best interest of the CAP and Contemporary Dentistry. Periodically, the CAP initiative is evaluated for effectiveness, impact and survivability, subjecting the program to modification and/or discontinuation, and all membership fees and discount rates are subject to change depending on the results of the periodic evaluations.

Signature: ____________________________ **Date:** __________

(Signature must match name on credit card or bank account)

*At cancellation within the 14 day review period clients receive 100% refund of the enrollment fee ($30) and client will be billed for all cost savings received from the date of enrollment.

**Premium clients commit to first year membership and cannot cancel in the first year. If Standard clients terminate the CAP program before 1 full year of membership, standard client will be billed the difference between total cost savings obtained and all monthly membership fees paid (excluding enrollment fee).

*****The billing will appear as WBN, LLC on your credit card and bank statements.**