



That Broadway Smile Membership Program

"WHERE BRIGHT SMILES GET THEIR START"

Membership Agreement & Renewal

Our **That Broadway Smile Membership Program** has been designed and developed to satisfy the demands of patients who have asked for something better. Individuals who value access, prompt service, and quality care in a relaxed atmosphere. We thank you for your continued participation in our **That Broadway Smile Membership Program**, and the privilege of providing you with the exceptional dental care.

CHILDREN: \$249 EA / \$199 Each Additional Child

Of Children:

Name (s) of member(s) << please print

Date of Birth:

_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

METHOD OF PAYMENT

CREDIT CARD

Visa MasterCard Discover

Card No: _____

Expiration Date: ____/____/____

PERSONAL CHECK Check # _____

CASH

AUTO RENEWAL Yes No

**Please enclose this form with your membership renewal payment.*

I the undersigned understand and accept all the given terms and conditions mentioned in the enclosed **That Broadway Smile Membership Program** brochure for myself and any members included in this agreement, and I hereby authorize **That Broadway Smile** to charge me for the state amount.

Signed: X _____

Date: ____/____/____

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