

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

## SPOUSE INFORMATION

Name:		
Address :		Phone:
City	State:	Zip Code:
Date of Birth:	Email:	Fax:
Position:		

## EMPLOYMENT INFORMATION

Employer:		
Address:		
City:	State:	ZIP Code:
Phone:		

## DEPENDENT INFORMATION

Name	Date of Birth	Student Status
Name	Date of Birth	Student Status
Name	Date of Birth	Student Status
Name	Date of Birth	Student Status
Name	Date of Birth	Student Status

## SIGNATURES

I have filled out this application with information that is true and correct.

Signature of applicant:	Date:
Signature of spouse <i>(only if for a joint membership):</i>	Date:



**Dental health for the BEST of your  
life**

Dr Laurie Stein  
Dr. Peter B. Amundson  
790 Wellington Ave #101  
Grand Junction, CO 81501  
970-245-9570  
[www.LaurieSteinDDS.com](http://www.LaurieSteinDDS.com)