DOCS Members Only Discount Program

Name:

Address:

Phone:

SELECT THE TYPE OF PLAN YOU WANT:

SELECT THE NUMBER OF MEMBERS YOU WANT TO COVER:

	QUANTITY	FEE	TOTAL
FAMILY			
ADULT			
TEEN			
CHILD			

Total Due:

Signature:

By signing I acknowledge and understand the terms and disclaimers of the membership plan offered to me by DOCS Dental.

Disclaimer: Members Only Discount Program is not dental insurance. Membership fees are non-refundable. Discounts shall not apply to any treatment started prior to enrollment or after membership expires. Discounts shall not apply to treatment paid in full or in part by an insurance policy. Discounts cannot be applied to insurance copayments or deductibles. Discounts cannot be combined with insurance benefits, other special offers or sales promotions advertised by DOCS Dental, any third-party discounts, coupons, offers, or other dental discount plan benefits. Excludes all retail products. Services only available at AAFES-DOCS locations.