



It's Time To Renew!

MEMBER BENEFITS:

- Free Exam (One Per Year)
- Free X-Rays (4)
- 20-40% Savings!!!

3 Ways To Renew

1. Complete this form & mail
(Use Return Envelope Provided)
2. Visit www.Arizdental.com
(Select Renew Here)
3. Call 602-265-6677

Individual.....	<input type="checkbox"/>	\$69.00
Two Persons	<input type="checkbox"/>	\$94.00
Family.....	<input type="checkbox"/>	\$119.00

FREE UPGRADE to the *Plus Plan* Includes Chiropractic, Optical, Pharmacy
(See Website For Details)

Your Name: _____

Address: _____ # _____

City: _____ Zip: _____ Phone #: _____

Email Address: _____

(Your information is NOT shared with anyone and is used only by American Dental Plan)

Keep Existing Dentist Change Dentist To: _____

Method of Payment:

Credit Card (Complete Below) Check # _____

Card Number: _____ Exp. Date: _____ CV Code: _____

Select ID Card Delivery:

Email (Preferred) Smart Phone Paper (US Mail)
Limited Availability