

CANYON GLOW DENTAL

Canyon Glow Smile Club

12-Month Membership Enrollment Form

Simple care. Clear savings. Healthy smiles.

MEMBER INFORMATION

Patient First Name	Patient Last Name	
Date of Birth	Phone Number	Email Address
Street Address	City	ZIP

MEMBERSHIP TYPE

☐ Adult (Age 18+)	☐ Child (Ages 3-17)	Parent/Guardian (if minor)

CHOOSE YOUR PLAN

ADULT GLOW \$36/month for 12 months or \$350/year - Best Value • 2 routine dental exams • 2 routine cleanings • Routine necessary X-rays • 1 emergency / limited exam • 20% OFF eligible dental treatments	CHILD GLOW AGES 3-17 \$25/month for 12 months or \$250/year - Best Value • 2 routine dental exams • 2 routine cleanings • Routine necessary X-rays • 2 fluoride treatments • 1 emergency / limited exam • 20% OFF eligible dental treatments
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PAYMENT OPTION

☐ Pay annual membership in full	☐ Monthly installments for 12 months
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Canyon Glow Smile Club

Membership Agreement & Authorization

12-MONTH MEMBERSHIP TERMS

1. Membership Term

This is a 12-month membership. Monthly payments are installments toward the full 12-month membership and do not create a month-to-month plan.

2. Annual Renewal

Membership benefits are valid for 12 months from the enrollment date. The membership must be renewed annually to continue benefits and savings.

3. Not Dental Insurance

The Canyon Glow Smile Club is a dental membership program and is not dental insurance. Benefits are available only at Canyon Glow Dental.

4. Treatment Savings

Members receive 20% off eligible dental treatments. The discount does not apply to excluded services and cannot be combined with dental insurance, other discounts, or promotional offers.

5. Included Preventive Care

Included exams, cleanings, X-rays, fluoride treatments, and emergency/limited exams are subject to the selected membership plan and clinical necessity.

6. Membership Fees

Membership fees are non-refundable. Monthly installment obligations continue for the 12-month membership term, subject to the written membership terms.

7. Payment Security

Credit or debit card information should be provided only through Canyon Glow Dental's secure payment system. Do not write complete card information on this form.

MEMBER ACKNOWLEDGMENT

☐

I have read and agree to the Canyon Glow Smile Club 12-month membership terms above.

PAYMENT METHOD

☐

Credit card

☐

Debit card

☐

Other

Payment will be collected separately through our secure payment system.

ELECTRONIC / PATIENT SIGNATURE

Member / Parent or Guardian Name

Signature

Date