



**Membership Application – scan and send via Email ([contactus@nobledentist.com.au](mailto:contactus@nobledentist.com.au))**

**A confirmation email will be sent to you once your membership card/s is posted.**

**PLEASE PRINT CLEARLY IN CAPITAL LETTERS**

- 1. Membership (circle)
 

12month - Individual (\$79.95)	Couple (\$99.95)	Family (\$119.95)
24month - Individual (\$109.95)	Couple (\$139.95)	Family (\$169.95)

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

3. Date of Birth (DOB) \_\_\_\_\_ Gender (circle) Male / Female

**a. Spouse/Partner**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**b. Child 1 (Family includes your dependent children at a single address)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**c. Child 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**d. Child 3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

**e. Child 4**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

4. Mailing Address \_\_\_\_\_

5. Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

6. Email Address \_\_\_\_\_

7. NobleDentist Log In (choose at least 6 characters) \_\_\_\_\_

8. Do you have dental insurance (circle)? Yes / No

9. How did you hear about NobleDentist (e.g. Member Referral – Tom Knox)? \_\_\_\_\_

10. Credit Card (circle) Visa / MasterCard / American Express

Name on Credit Card \_\_\_\_\_

Card Number                      Expiry   /

**Email to [contactus@nobledentist.com.au](mailto:contactus@nobledentist.com.au)**