



# Dental Clinics North

## Registration Form

Please list all household members registering to enroll as a Dental Clinics North client:

	Last Name	First Name	Birth Date	Social Security #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Signature of client (or parent or guardian if under 18 years old) \_\_\_\_\_

Location of clinic you would like to visit:

- Alpena       Beaver Island       Cheboygan       East Jordan       Gaylord
- Harbor Springs       Mancelona       Traverse City       West Branch

**Please enclose payment. The cost of the first appointment is \$50 per person.**

Check or Money Order (payable to Health Department of Northwest Michigan)

VISA or Mastercard Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code # (3-digit security code on back) \_\_\_\_\_ Signature: \_\_\_\_\_

Please mail this registration form with payment to:

Dental Clinics North  
 Client Registration  
 Health Department of Northwest Michigan  
 220 W. Garfield  
 Charlevoix, MI 49720

