

Complete the following information for each person requesting membership.

Last Name	First name	Birth Date	Membership Fee
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

County: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Including yourself, how many people are living in your household (include children) \_\_\_\_\_

What is your total monthly household income \$ \_\_\_\_\_ Yearly Income \$ \_\_\_\_\_

If you do not have any income, please briefly describe how you support yourself and your family: \_\_\_\_\_

You are required to report the following types of household income: wages, self employment income, unemployment benefits, social security benefits, supplemental security income, military allotment, veteran's benefits, retirement benefits, interest income, rental income, strike benefits, worker's compensation, employer disability insurance, investment income, and cash received from friends or family.

Please include payment: \_\_\_\_\_ Check or Money Order payable to MCDC, Inc.  
\_\_\_\_\_ VISA or Mastercard: Account Number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_ CIS# \_\_\_\_\_

Your signature denotes that information represented on this form is accurate. Any misrepresentation of information may result in immediate

Termination from the program and billings for services rendered. You may be required to provide proof of income.

**Your application cannot be processed without your payment. Please mail this application with payment to:**

**Michigan Community Dental Clinics, Inc.  
218 W. Garfield Street  
Charlevoix, MI 49720**

# Michigan Community Dental Plan of St. Clair County



**Community Dental Clinic  
3037 Electric Avenue  
(Corner of 16th St. & Electric)  
Port Huron, MI 48060**

**(810) 984-5197**

**or**

**(877) 406-2323**

**www.midental.org**

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- Are you working with no dental benefits?
- Are you retired with no dental benefits?
- Are you a recent graduate with no dental benefits?



**Michigan Community Dental Plan** offers dental services at a reduced fee for people without dental insurance. If you are eligible, your membership includes an initial visit with a participating dentist that will include x-rays, an exam, a treatment plan and access to reduced rates for all treatment.

**Membership is \$50.00 per person.**

**To be eligible, you must:**

- 1) Have no other dental insurance.
- 2) Be a resident of St. Clair County.



**Then  
Michigan Community Dental Plan  
might be for you!**

**To participate in the program,** fill out the application on the back of this brochure and mail it to MCDC. Applications are available at all MCDC offices, participating health departments and participating dentists' offices.

Once your application and membership fee have been received and processed, your membership card will be mailed to you along with a list of participating private dentists in your area. Then, call any MCDC office or any participating dentist to make an appointment.

**For more information visit**  
[www.midental.org](http://www.midental.org)  
**or call the nearest office**

<b>Alpena</b> 866.878.6547	<b>Mancelona</b> 866.878.6553
<b>Big Rapids</b> (open August '08)	<b>Manistee</b> 866.878.6554
<b>Cadillac</b> 866.878.6549	<b>Marquette</b> 906.226.9992
<b>Cheboygan</b> 866.878.6550	<b>Port Huron</b> 810.984.5197
<b>East Jordan</b> 866.878.6551	<b>Traverse City</b> 866.878.6557
<b>Gaylord</b> 866.878.6552	<b>Three Rivers</b> 877.283.8889
<b>Harbor Springs</b> 866.878.6556	<b>West Branch</b> 866.878.6558
<b>Hart</b> (open September '08)	