

## Wellness Dentistry Network Membership Agreement

By submitting this agreement, you are consenting to join and collaborate with a group of independently practicing and totally autonomous dental practices and other forward-thinking healthcare providers that have a keen awareness about how oral conditions affect systemic health and how other systemic conditions can affect oral health.

Your decision to be involved will provide great benefit to your patients, opportunities for your practice and growth for you as a dentist who understands the responsibility of encouraging wellness through the profession of dentistry.

### Core Values That Guide the Network:

Wellness Dentistry Network (WDN) members will be guided by these principles, and we consider the below as the commitment we will make to each other:

1. Honesty and Integrity – no unified body of providers will grow if there is not honesty among them about what is working and what is not working. Honesty and integrity are key factors to a unified body.
2. Teamwork, Sharing, Collaboration – Members of the Wellness Dentistry Network should consider themselves part of the same team unified toward a similar vision of developing and using materials to guide health improvement for their patients.
3. Continuous Growth – As material and science evolves, members of the Wellness Dentistry Network vow to embrace this growth.
4. Positive Attitude – A positive attitude is critical to the success of the network. Pioneering or foraging a new way to perform anything takes a positive outlook and a positive attitude to breed success.

### Subscription Fees

**An initial membership fee of \$2,700.00** will be assessed per physical practice location registered for membership. Membership subscription will automatically renew on an annual basis, beginning with the first renewal occurring 12 months after the initial membership subscription. The fee for **membership renewal is \$1,500.00**. Renewed membership will provide the office with continued access to Wellness Dentistry Network, to all products and materials and the use of all new materials created or revised in the upcoming year. A renewal notice will be sent to the office one month prior to auto-renewal.

The annual renewal fee, current at the time the office becomes a member, will remain fixed throughout the life of the office's membership. In the event the membership subscription is not





This network of practices is collaborative in its learning, growth and desire to network with physicians to provide the best oral health care possible for their patients. As a member of the Wellness Dentistry Network, it is expected that you, too, will share information that works to fulfill the mission of healthier patients, healthier practices and healthier teams.

If at any time during your membership actions taken by you or your practice are not in alignment with the core values of The Wellness Dentistry Network, membership may be revoked with 30 days' notice, and access to the materials and other benefits, including designation as a Wellness Dentistry Network practice, will be revoked.

**Please sign to indicate that you acknowledge and agree to the terms and conditions of the Wellness Dentistry Network Member Agreement.**

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Member Name	Signature	Date
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\_\_\_\_\_ Enter Referral or Discount Code, if any.

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WDN Representative Name	Signature	Date
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Please initial and sign where indicated, and complete the Member Information of this agreement. Please note, while the majority of this agreement can be completed digitally, a physical signature is required. When finished, please scan and email back to [Contact@wellnessdentistrynetwork.com](mailto:Contact@wellnessdentistrynetwork.com)

### Member Information

FIRST & LAST NAME	
EMAIL ADDRESS	
PRACTICE NAME	
PRACTICE STREET ADDRESS	
PRACTICE CITY	
STATE	
ZIP CODE	
WEBSITE	
PRACTICE PHONE & MOBILE PHONE	
BILLING ADDRESS & CREDIT CARD ZIP CODE	
CREDIT CARD NUMBER	
EXPIRATION DATE	
CVC/CVV	
NAME & EMAIL ADDRESS OF DESIRED TEAM ADMIN	
NAME & EMAIL ADDRESSES OF ADDITIONAL TEAM MEMBERS TO RECEIVE WDN ACCESS	
*We highly recommend you provide the name and email address of at least one hygienist team member and one front office team member.	

# Support/Coaching Agreement

Enhance your Wellness Dentistry Network membership by connecting with administrators and clinical experts to further your understanding of the materials and functions of the content hub. We have designed several support options to accommodate your team on this learning endeavor.

We look forward to assisting you!

- One hour with Dr. Thompson .....\$350
- One hour with clinical/administration team member.....\$125
- Three hours of individual sessions to be used during a 12-month membership term.....\$300
- Check if you have interest in a custom program delivered by multiple clinical specialists or sessions longer than one hour. Special pricing will apply.

\* NOTE: Support sessions are designed to guide your team on the website and familiarize them with WDN principles. They are not replacements for a seminar.

\*\* Sessions are intended to be used during a 12-month membership term; however, unused sessions will roll over to subsequent terms as long as membership remains *continuously current*. Unused sessions are invalid outside of active continuous membership.

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- Please complete the fields below or check this box to charge the same card used for WDN Membership.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ hereby grant Wellness Dentistry Network/ Dr. Doug Thompson authorization to charge my:

- Visa
- MasterCard
- American Express
- Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

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Signature

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Date