



VISION SERVICE PLAN  
MEMBERSHIP ENROLLMENT FORM

(Please Print or Type)  
Name of Group:

EAST WINDSOR REGIONAL SCHOOLS

Department:

EWEA / EWRMA / NON-BARGAINING / SUPERVISORS

Date of Enrollment:

SOCIAL SECURITY NUMBER	MEMBER LAST NAME	MEMBER FIRST NAME	MIDDLE INITIAL	MO.	DATE OF BIRTH
				DAY	YEAR

SIGNATURE

DATE