

NJDCEA ATTENTION ALL MEMBERS:

ENROLLMENT FORM FOR HEARTSCAN SERVICES
CARDIOVASCULAR, ABDOMINAL AORTIC ANEURYSM
AND THYROID CANCER SCREENING

**FORM MUST BE FILLED OUT AND GIVEN TO YOUR
DELEGATE BY WEDNESDAY MAY 29, 2019 IN ORDER TO
PARTICIPATE IN THE SCREENING PROGRAM.**

**(MEMBER BENEFIT IS 100% REIMBURSED (PAID)
BY NJDCEA)**

MEMBER NAME _____

ADDRESS _____

MEMBER PHONE NUMBER _____

MEMBER CELL NUMBER _____

BUILDING LOCATION WHERE YOU WORK _____

**PLEASE GIVE FORM BACK TO YOUR DELEGATE AT YOUR
LOCATION BY WEDNESDAY MAY 29, 2109**