



UFCW Membership Enrollment Form

Annual Admin Fee: \$25.00 per UFCW member plus \$5.00 for each family member who is registered. Half of the annual fee (up to \$100) refunded when any enrolled member purchases hearing aids in the Cygnet Hearing Network

Mail this form with your Payment (check payable to Hearing Care Network) to
Cygnet Hearing, P.O.Box 301000, Waterford, MI 48330

Last Name:	First Name:		
Address:			
City:	State:	ZIP:	Phone:
email address:			
Date of Birth:		Social Security Number:	
Union:	Current/Previous Employer:	Retirement Year:	

Immediate Family Members Registered for Benefits

Last Name	First Name	Date of Birth	Relationship
Address:		Phone:	

Last Name	First Name	Date of Birth	Relationship
Address:		Phone:	

Last Name	First Name	Date of Birth	Relationship
Address:		Phone:	

Last Name	First Name	Date of Birth	Relationship
Address:		Phone:	

Last Name	First Name	Date of Birth	Relationship
Address:		Phone:	

Last Name	First Name	Date of Birth	Relationship
Address:		Phone:	