

EMERGENCY CONTACT INFORMATION

Member Name _____

Member Telephone Numbers - Please list in order of preference

Member ID# _____ or Social Security# _____

<u>Telephone Number</u>	<u>Description (e.g. Cell, Home, Work, ect.</u>
() _____	_____
() _____	_____
() _____	_____
() _____	_____

Member E-Mail Address: _____

Primary Contact

Full name of primary emergency contact: _____

Relationship of primary contact to member: _____

Full address of primary emergency contact: _____

Telephone number of primary contact: _____

Secondary Contact

Full name of secondary emergency contact: _____

Relationship of secondary contact to member: _____

Full address of secondary emergency contact: _____

Telephone number of secondary contact: _____

Member Name (Printed)

Member Signature