

Emergency Card Information for PPMC

Park Address: _____

Member _____ Email Address _____

Spouse/Partner _____ Email Address _____

Associate Member _____ Email Address _____

Alter. Assoc. Member _____ Email Address _____

Park Mailing address _____ Park Phone _____

Mail Address of Primary Residence _____

_____ Other Phone _____

Assoc Member Address _____ Phone _____

Alter. Assoc. Member Address _____ Phone _____

Other Emergency Contact Name _____ Phone _____

Other Emergency Contact Name _____ Phone _____

Physician/Clinic Name _____ Phone _____

Medical special needs (Mobility, DNR, Special Medications, etc) : _____

Signature: _____ Date: _____

2015 Census for Paradise Masonic Club

Member's Name _____ Park Address: _____

Is Park home occupied full time? Yes___ No___ By the Member? Yes___ No___

If not the Member, who is the occupant? _____

Household census: List all persons living at Park address with age and relationship to you.

If Part-time resident, do you visit regularly seldom visit

of Dogs in residence _____ # of Cats in residence _____ Do you own a golf cart? _____

If full time resident, # of cars in family: _____ # of Parking spaces on your allotment: _____

Do you receive the bulletin electronically? _____ Would you like to? _____

Date: _____ Signature _____