



Membership Emergency Contact Form

Court Name: _____ Court Number: _____

Member Name: _____
Last Name First Name Middle Name

Member Telephone Number:
Home: _____
Area Code Telephone Number

Cell: _____
Area Code Telephone Number

Emergency Contact Name: _____

Relationship: _____

Home: _____ Cell: _____
Area Code Telephone Number Area Code Telephone Number

If the above person is not available, please Notify: _____

Home: _____ Cell: _____
Area Code Telephone Number Area Code Telephone Number

THIS FORM IS TO BE KEPT IN YOUR LOCAL COURT, AS WELL AS A COPY FORWARDED TO THE GRAND SECRETARY, AND THE MOST ANCIENT GRAND MATRON