

# DOCUBANK ENROLLMENT FORM

MEMBER INFORMATION <i>Email address is required for online access.</i>	
Name:	DOB:
Address:	Primary Phone:
	Alternate Phone:
City, State, Zip	
Email Address:	
Trust Name:	

FIRM INFORMATION <i>Name of firm providing this membership</i>	
Firm Name: <b>Praedium Trust Services - 949-238-8066</b>	Provider Name: <b>Kim Dannettell</b>

MEMBERSHIP INFORMATION	
INITIAL MEMBERSHIP LENGTH: (select only one)	<input type="checkbox"/> 1 year - \$55 <input type="checkbox"/> 5 years - \$175
Payment Method:	<input type="checkbox"/> Attorney <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (see details below)
CC#: _____	Exp: _____ Name on Card: _____ CSV: _____

EMERGENCY CONTACTS <i>(Optional) Information can be added or updated when you receive your card. Information in bold is on the card.</i>			
<b>Primary Contact:</b>	Relationship:	Email:	
<b>Home #:</b>	<b>Work #:</b>	<b>Cell #:</b>	<b>Note:</b>
Second Contact:	Phone:	Email:	
Third Contact:	Phone:	Email:	

MEDICAL INFORMATION <i>If fax number is provided for physician, doctor may receive a fax with your access information</i>		
Physician Name:	Phone:	Fax*:

**Medical Allergies (Optional)** *These allergies will appear on your card for quick reference by physicians*

Penicillin    Sulfa    Latex    Peanuts    Shellfish    Aspirin    Tree Nuts    Eggs    Naproxen

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

**Permanent Medical Conditions (Optional)** *Do NOT list medications here.*

Arthritis    Asthma    Heart Disease    High Blood Pressure    Hypertension    Vision Loss    Hearing Loss

Cancer (type) \_\_\_\_\_ (stage) \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

**Additional Card Note** *(45 char. max)* \_\_\_\_\_

**MEDICATION LIST (Optional)** *If a medication list is included, a note will appear on your emergency card. Add one now or online at any time.*

**MEMBER STATEMENT:** And optional alerts for emergency contacts

I have chosen to enroll myself in DocuBank to help make personal emergency information available promptly. To ensure prompt access, I authorize that my, document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on the DocuBank member card. All advance directives have been completed of my own free will and I will notify DocuBank promptly of changes in any of the stored information, and also of the revocation or replacement of any document(s). I understand that: DocuBank is not responsible for the validity or accuracy of any information stored by DocuBank, including the health information that also appears on the member card; by accepting a card I have verified and confirmed the accuracy of all information on the card before carrying or distributing it; by providing an email address I am authorizing DocuBank to email me; by providing a fax number for my physician, I am granting DocuBank permission to fax an enrollment notification enabling this physician to obtain my directives; I am granting DocuBank permission to alert my contacts as indicated on this form; if I provide an email address for the emergency contact(s), I am granting DocuBank permission to contact these persons and provide them with member information as indicated by my selection of such permission below. I understand that my DocuBank membership includes the optional use of the DocuBank SAFE, which provides online access to my personal documents. I understand that DocuBank does not provide legal advice; and that I may cancel this service at any time by written request to DocuBank.

**EMERGENCY CONTACT ALERTS** (Check 1 or none) Alerts will be sent to all contacts for whom you have provided an email address.

I want all the email addresses I provided for my emergency contacts to receive a personalized alert email from DocuBank whenever my card is used and an introductory email when my membership is activated.

I want the email addresses I provided for my emergency contacts to receive an email when my membership is activated.

Signature \_\_\_\_\_ Date \_\_\_\_\_