

Unmarried Single But Not Alone



In Case of Emergency (ICEs) Contact Information (Rev. 11/15/19)

USBNA Member Name: Last Name: _____

First Name: _____ **MI:** ____; **Your Cell Phone:** ____/____/____

Please PRINT and list, IN ORDER, who USBNA should contact FIRST, SECOND, and THIRD and provide requested information about them. If possible, select people who live within a 5 - 10 mile radius from you. If they live farther away, please notate approximate time it would take them to reach you.

First Person To Contact:

1. Last Name _____ First Name _____ M.I. ____
2. Residence: Street: _____ Apt. or Unit# _____
3. City: _____ State: _____ Zip Code: _____ - _____
4. Contact #s: Home: ____ - ____ - ____; Cell: ____ - ____ - ____;
Work: ____ - ____ - ____; Email: _____ @ _____
5. Relationship to you: _____
6. Do they live within a 5 – 10 mile radius from you? Yes: ____; If No: ____ how much farther in miles (estimate if necessary) _____
7. Do you want them to know that you've signed up with **USBNA**? Yes ____ No ____ If **Yes**, we will follow up with them.
8. And, if they are unable to reach you, can **USBNA** let them know your status (we'd only disclose whether we've been in contact, but not your whereabouts)? Yes ____; No ____

ICEs remain on file until you, in writing, request that we remove them. You are responsible for notifying us immediately should your ICEs' contact information change.

Office Information only:

Account #: _____

Date: ____/____/____

USBNA Member Name: _____; Cell: ____/____/____

Second Person

9. Last Name _____ First Name _____ M.I. _____

10. Residence: Street: _____ Apt. or Unit# _____

11. City: _____ State: _____ Zip Code: _____ - _____

12. Contact #s: Home: ____ - ____ - ____; Cell: ____ - ____ - ____;

Work: ____ - ____ - ____; Email: _____@_____

13. Relationship to you: _____

14. Do they live within a 5 – 10 mile radius from you? Yes: ____; If No: ____ how much farther in miles (estimate if necessary) _____

15. Do you want them to know that you've signed up with **USBNA**? Yes ____ No ____ If **Yes**, we will follow up with them.

16. And, if they are unable to reach you, can USBNA let them know your status (we'd only disclose whether we've been in contact, but not your whereabouts)? Yes ____; No ____

Third Person

17. Last Name _____ First Name _____ M.I. _____

18. Residence: Street: _____ Apt. or Unit# _____

19. City: _____ State: _____ Zip Code: _____ - _____

20. Contact #s: Home: ____ - ____ - ____; Cell: ____ - ____ - ____;

Work: ____ - ____ - ____; Email: _____@_____

21. Relationship to you: _____

22. Do they live within a 5 – 10 mile radius from you? Yes: ____; If No: ____ how much farther in miles (estimate if necessary) _____

23. Do you want them to know that you've signed up with **USBNA**? Yes ____ No ____ If **Yes**, we will follow up with them.

24. And, if they are unable to reach you, can USBNA let them know your status (we'd only disclose whether we've been in contact, but not your whereabouts)? Yes ____; No ____

Additional page for you to copy should you have more ICEs is below.

Office Fill in: Acc't #: _____ Date: ____/____/____

Unmarried Single But Not Alone



PLEASE PRINT.

USBNA Member Name: **Last Name:** _____

First Name: _____ **MI:** ____; Your Cell Phone: ____ / ____ / ____

**In Case of Emergency (ICEs) Contact Information (Rev. 11/15/19)
Additional ICE's, Please Make Copies and Fill in if More than Three ICEs**

Additional ICEs

Last Name _____ First Name _____ M.I. ____

Residence: Street: _____ Apt. or Unit# _____

City: _____ State: _____ Zip Code: _____ - _____

Contact #s: Home: ____ - ____ - ____; Cell: ____ - ____ - ____;

Work: ____ - ____ - ____; Email: _____ @ _____

Relationship to you: _____

Do they live within a 5 – 10 mile radius from you? Yes: ____: If No: ____ how much farther in miles (estimate if necessary) _____

Do you want them to know that you've signed up with **USBNA**? Yes ____ No ____ If Yes, we will follow up with them.

And, if they are unable to reach you, can USBNA let them know your status (we'd only disclose whether we've been in contact, but not your whereabouts)? Yes ____; No ____

Do Not Fill in Below This Line

Acc't #: _____

Date: ____ / ____ / ____

Additional ICE's: Page ____ of ____

Total Pages: Page ____ of ____