Lincoln Park Village
Member Information Form

(For households, please fill out a separate form for each individual.)

Dr. Mr. Mrs. Ms.	Last Name:	First Name:	Middle:
Preferred Name: (first name, nickname, title?)			
What name(s) should we use on mailings to your household?			
Street Address:			Apt #:
City:	State:		Zip:
Home Phone:	Work Phone:		Cell Phone:
E-mail:			
Gender:	Birth date: / /	Work Status: ☐Full-time ☐Part-time ☐Retired	Pets: ☐Dog ☐Cat ☐Other_____
Living Status: ☐Alone ☐with Caregiver ☐With Spouse/Partner/ Family/Friend		Special Needs: ☐Not applicable ☐Uses wheelchair ☐Uses mobility device_____ ☐Hearing impaired ☐Low vision ☐Use service animal ☐Uses/needs companion support	

Emergency Contact Information

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
E-Mail:		

Last Name:	First Name:	Relation:
Street Address:		Apt #:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Email:		

In Case of Medical Emergency

Primary Hospital:	
Primary Insurance:	Secondary Insurance:
Primary Doctor Name:	MD Phone:

Membership Directory

☐Include me in the member-to-member directory on our website
☐I do not wish to be included

If yes, please indicate what you want listed:

☐ address ☐ home phone ☐ cell phone ☐ business phone ☐ email