

# The Village Chicago 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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired	Pets: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____
Living Status: <input type="checkbox"/> Alone <input type="checkbox"/> with Caregiver <input type="checkbox"/> With Spouse/Partner/ Family/Friend		Special Needs: <input type="checkbox"/> Not applicable <input type="checkbox"/> Uses wheelchair <input type="checkbox"/> Uses mobility device _____ <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Low vision <input type="checkbox"/> Use service animal <input type="checkbox"/> 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