

Treasure Coast Jeep Club Member Information Form

Any information will be kept confidential unless needed in an emergency.

Please indicate with a check mark any information that you do not want made available to the general membership of the club.

Personal Information		√
Full name		
Home address		
City, Zip Code		
Home phone		
Cell Phone (s)		
Primary e-mail address		
Secondary e-mail address		
Nextel DC Number(s)		
Birthdate		
Best Way To Contact:		
Family Information		
Spouse/Significant Other Name and Birthday		
Child(ren) Name(s) and Birthday(s)		
How did you hear about the club?		
Jeep Information		
Year & Model		
Modifications		

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Emergency and Medical Information	
In case of emergency, contact	
Emergency contact's phone	
In case of emergency, Secondary Contact	
Secondary Emergency contact's phone	
Known medical conditions and/or allergies	
Current medications	
Do you know CPR?	
Do you have any medical training?	

*** Please make sure that either your medical insurance card is on your person (or a copy of it is in your glove compartment along with your health information sheet) during all club activities.