



# BC FERRY & MARINE WORKERS' UNION

## Emergency Contact Form

***MEMBER/EMPLOYEE NAME:***

\_\_\_\_\_

First

\_\_\_\_\_

Last

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Contact Number

\_\_\_\_\_

Email Address

***EMERGENCY CONTACT INFORMATION:***

\_\_\_\_\_

Primary Contact Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Contact Number

\_\_\_\_\_

Email Address

\_\_\_\_\_

Secondary Contact Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Contact Number

\_\_\_\_\_

Email Address