|  |  |
| --- | --- |
|  | **Architects Benevolent Society**Emergency contact/next of kin details |
|  | Please complete the form below with details of the person(s) to contact in case of accident or illness. Return the form to richard.beer@absnet.org.uk  |
|  | Ambassador |
|  | Name |
|  | AddressPostcode  |
|  | Home phone  | Mobile |
|  | Fax |
|  | Email |
|  |  |
|  | First contact |
|  | Name |
|  | Relationship to you |
|  | AddressPostcode  |
|  | Home Phone  | Work phone |
|  | Mobile phone   | Email |
|  |  |
|  | Alternative contact |
|  | Name |
|  | Relationship to you |
|  | AddressPostcode  |
|  | Home phone | Work phone |
|  | Mobile phone | Email |

Ambassador signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_