|  |  |  |  |
| --- | --- | --- | --- |
|  | **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_