

Number _____

Census for Paradise Masonic Club

Member's Name _____ PPMC Street address _____
Mailing address _____ Daytime phone _____
Spouse/Partner Name _____ Daytime phone _____
Associate Member Name _____ Daytime phone _____
Alternate Member Name _____ Daytime phone _____
Email Address/Self: _____ Other phone _____
Other contact information _____
Room for more information: _____

Does your Paradise Park home have a full-time resident? Yes No

If Yes, are you the occupant? Yes No

List occupant's names and Relationship to you: (include children and their ages)

If Part-time resident , do you regularly visit or seldom visit

Dogs &/or Cats usually in residence:

Emergency Information

Emergency contact name _____

Phone number _____ Email address _____

Medical alert information the park should know: _____

Date: _____ Signature _____

Dues receipts turned in _____ Associate's _____ Alternate's _____

Number _____