



LOS GÜEROS EMERGRNCY CONTACT FORM

All members of LOS GÜEROS CLUB DE MOTOS are required to complete and submit this form to the Membership Coordinator. In case of emergency, this info will be available only to key members of our Executive. If any of your information changes, please inform the club's Membership Coordinator. This information will be reproduced on a laminated wallet card for your use. Please write legibly!

Member's Name: _____ **DOB (YY/MM/DD):** ____ / ____ / ____

Primary Contact (spouce etc) _____ **Phone(s):** _____ **Email:** _____

Alternate Contact in Mexico (not be not riding with you, pref. bilingual)

Name: _____ **Phone(s):** _____ **Email:** _____

Contact Outside of Mexico (pref. family) - Relationship: _____

Name: _____ **Phone(s):** _____ **Email:** _____

Medical Insurace Provider: _____ **Policy number:** _____

Contact person: _____ **Phone number:** _____

Moto Insurace Provider: _____ **Policy number:** _____

Contact person: _____ **Phone number:** _____

Primary Care Physicians in Mexico: Names / Contact Numbers _____

Preferred Hospital in Mexico: _____

Blood Type if known: _____ **Allergies** _____

Pertinent medications you are taking _____

Pertinent Medical Conditions: _____

Any other pertinent information you wish us to know, or to be included on your wallet ca