

# EMPLOYEE EMERGENCY NOTIFICATION FORM

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In the event of an emergency during the TWBN conference, I the undersigned union member, authorize ***Bricklayers & Allied Craftworkers Local Union 1 Minnesota and North Dakota*** to notify the following person:

<b>Name:</b>	
<b>Phone Number:</b>	
<b>Address:</b>	
<b>Relationship to Employee:</b>	
In the event you are unable to notify such person, the organization is authorized to notify:	
<b>Name:</b>	
<b>Phone Number:</b>	
<b>Address:</b>	
<b>Relationship to Employee:</b>	

Date: \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Member Name