



EMERGENCY CONTACT INFORMATION

Member # _____

Name(s) _____

WyndemereAddress _____

Phone # _____ My Cell # _____

Spouse/Companion Name _____

Cell # _____

Please list at least 2 contact names and numbers. List someone other than your spouse.
One should be a *LOCAL* contact.

Name _____ Relationship _____

City & State _____

Phone # _____ Cell # _____

Authorized to have a key to the home/unit (check one) Yes _____ No _____

Name _____ Relationship _____

City & State _____

Phone # _____ Cell # _____

Authorized to have a key to the unit/home (check one) Yes _____ No _____

By completing this form, I authorize Wyndemere Privacy Staff to make contact with any of the contacts listed herein in the event of an emergency.

Please return this form to Patty Scherry at the Homeowners Office in person, by fax (239) 263-1543, e-mail adminsPECIALIST@wyndemere.com or mail to 98 Wyndemere Way, Naples, FL 34105.