



ILA LOCAL 1426 EMERGENCY CONTACT INFORMATION

This information is critical in the event of an accident or medical emergency.

Last Name: _____ First Name: _____ Middle: _____

Home Phone: _____ Mobile Phone: _____

Home Address: _____ City?State: _____ Zip: _____

Primary Emergency Contact Name: _____

Relationship: _____ Phone: _____ Email: _____

Secondary Emergency Contact Name: _____

Relationship: _____ Phone: _____ Email: _____

Additional Emergency Contact Name: _____

Relationship: _____ Phone: _____ Email: _____

Preferred Local Hospital: _____

Office (910) 762-8231
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Email: contact@ilalocal1426.org



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