



Palos Verdes Peninsula Village

• Stay Settled • Stay Connected • Stay Engaged

Palos Verdes Peninsula Village - General Information for Each Individual

Prefix: ____ Last Name: _____ First Name: _____ Middle Name: _____

Suffix: _____

Preferred Name (first name, nickname, title?): _____

What is preferred method for receiving information from the PVP Village? Email _____ USPS _____

What name(s) should be used on mailings to your household? _____

Gender: M / F Birthdate: / / Retired: Y / N Occupation (former): _____

Pets: Dog ____ Cat ____ Other _____

Living Status: Alone ____ With Spouse/Family/Other ____

Special Needs: Not applicable ____ Uses mobility device/type _____

Uses wheelchair ____ Hearing Impaired ____ Low Vision ____

Uses/Needs Companion Support ____ Uses Service Animal ____ Problems/issues with stairs ____

Emergency Contact Information (Prefer at least one local contact)

Primary Contact:

Last Name: _____ First Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Other Contact:

Last Name: _____ First Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Other Contact:

Last Name: _____ First Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Other Contact:

Last Name: _____ First Name: _____ Relation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

In Case of Medical Emergency

Primary Hospital: _____

Primary Doctor Name: _____

Doctor Phone: _____

Date: _____

*Updated: _____

*Updated: _____

*Updated: _____

*Updated: _____

*Update upon membership renewal