Last Name
m/yy
Fob #
Photo taken Yes / No

Emergency Contact Information

Please Print

First Name _____Middle Initial____

Last Name _____

Nickname _____

Date of Birth (M/D/YYYY) _____ Circle Male / Female/ Non Binary/ Decline to Answer

Home Phone _____Cell Phone _____

Home Address _____

Mailing Address (if different to home _____

Email address (please print in boxes)

How would you like to receive your newsletter (Hard Copies to Acton Residents Only)

Check one: ___ pick up ___ mailed ___online/subscribe at www.actoncoa.com/subscribe (see staff)

Emergency Contact Name 1 _____

Emergency Contact Phone 1 _____ Relationship_____

Emergency Contact Name 2 _____

Emergency Contact Phone 2 _____ Relationship_____

Language Preference _____ Do You Live Alone? Yes or No

Ethnicity: Caucasian Black/Afro-American Hispanic Asia/Pacific Islander Native American

Are you disabled? Yes or No

Are you a Veteran? Yes or No Which service _____

If 'yes', would you like us to share this with Acton & Boxboro's Veteran Services Officer? Y/N

The COA will not share your information with any 3rd party except in the case of a medical emergency