



Consumer Registration Form

Consumer Information	
Salutation	
First Name	
Middle Name	
Last Name	
Date of Birth	
Date Registered	
SSN	
Medicare #	
Gender	
Phone Number	() -
Consumer Type	Registered / Eligible / Ineligible
Is Volunteer	Yes / No
Email Address	
Is Member	Yes / No
Notes	

Emergency Contact	
Name	
Phone	() -
Relation	

Residential Address	
Address Line 1	
Address Line 2	
City	
State	
ZIP	
County	
Municipality	

NAPIS	
In Poverty	
Lives Alone	Yes / No
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Don't Know
Ethnic Race	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Non-Minority (White, Non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Other
Marital Status	
Nutrition Score	
Nutrition At Risk	Yes / No

Other	
Health Info	
Medications	
General Info	
Membership ID#	
Doctor Contact	
Additional Emergency Contacts	
Receive AAA Newsletter by Mail?	Yes / No