

## My E Preferred Sign Up

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Apartment \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Do you have a My Erickson account Y or N?

\_\_\_\_\_

I consent to limiting paper communications in my cubby and receiving electronic communications via My Erickson messages.

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Signature

Date

Direct completed forms to the Community Resources Department in Brookside, on the Terrace Level.