

APPLICATION FOR TALKING BOOKS SERVICE

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

COUNTY: _____ PHONE: _____

DATE OF BIRTH: _____ SEX: M: _____ F: _____

ARE YOU A VETERAN? YES: _____ NO: _____

CERTIFICATION:

Please have a doctor or registered nurse complete the certification.
Reading Disabled from organic/dysfunction must be certified by doctors of medicine.

Check all that apply:

_____ Legally Blind

_____ Physically Impaired

_____ Visually Impaired

_____ Reading Disabled

CERTIFIED BY: _____ TITLE: _____

ADDRESS: _____

PHONE: _____



Please fold this application in half and mail it back to Talking Books. No postage is required and our return address is provided.

Please call 561-649-5486 if you have any questions.

Book Selection is on the other side.

DIGITAL BOOK SELECTION:

I prefer to receive books in: _____ English _____ Spanish

I prefer to: _____ Select my own books
_____ Have the computer select my books

Preferences for the computer to select from:

Fiction

Non-Fiction

_____ Bestsellers

_____ Autobiography&Biography

_____ Historical Fiction

_____ Bestsellers

_____ Romance

_____ Biography-Actresses/Actors

_____ Mystery

_____ Modern World History

_____ War

_____ Religious Inspiration

_____ Westerns

_____ U.S. History

Favorite authors: _____

_____ Juvenile books

_____ Young Adult books (12-18 years old)



**FREE MATTER FOR THE
BLIND AND PHYSICALLY
HANDICAPPED**

**TALKING BOOKS
LIBRARY ANNEX
4289 CHERRY ROAD
WEST PALM BEACH, FL 33409**