



Library: _____

APPLICATION FOR TALKING BOOK SERVICE

St. John's City Libraries
Arts and Culture Centre
St. John's, Newfoundland A1B 3A3
Fax: 709-737-2660

PLEASE PRINT

NAME (Mr. Mrs. Miss) _____

MAILING ADDRESS _____

POSTAL CODE _____ TELEPHONE _____

DESCRIBE HOW VISUAL OR PHYSICAL HANDICAP PREVENTS THE READING OF REGULAR PRINT BOOKS.

MEDICAL AUTHORITY CERTIFYING ELIGIBILITY _____
(Signature)

PLEASE PRINT NAME _____

OR CNIB NUMBER _____

STAFF SIGNATURE _____ DATE _____

READER'S PROFILE

PLEASE CHECK ANY OF THE FOLLOWING THAT YOU WOULD LIKE TO BORROW:

FICTION

1. Romance
2. Sagas
3. Westerns
4. Adventure
5. Mystery
6. Historical
7. Classics
8. Children=s

NON-FICTION

1. Biography
2. History

OTHER INTERESTS

- 1.
- 2.
- 3.

List any favorite authors: _____