

LISTENER APPLICATION FORM

NAME: (Individual/Group) _____
ADDRESS: _____ CITY _____ STATE _____
ZIP: _____ COUNTY _____ HOME PHONE _____ WORK _____
DATE OF BIRTH _____ SEX _____

I could benefit from the Radio Reading Service because of:
(circle one) Visual Impairment.....Physical Impairment.....
Other _____

SIGNATURE _____ DATE _____

**IT IS MY UNDERSTANDING THAT THIS RECEIVER IS THE PROPERTY OF RRS OF
EASTERN N.C. AND MUST BE RETURNED TO THIS ORGANIZATION WHEN NO LONGER
NEEDED.**

Signature of responsible person _____ Date _____
Address _____ Phone _____

Professional reference: I certify that the above named person has
the following impairment _____
and will benefit from having a Radio Reading Service receiver.
Signature _____ Print name _____
Occupation/Title _____ Phone _____
Date _____ Agency/Office _____
Address _____ City _____ Zip _____

Receivers are free to listeners, although any contribution is much
appreciated. All contributions are tax-deductible.

DO NOT WRITE BELOW THIS SPACE-FOR OFFICE USE ONLY

Type & serial numnber of Receiver _____