

Talking Book Library
West Florida Public Library
5740 N. Ninth Avenue
Pensacola, FL 32504
Phone: 850-471-6000

APPLICATION FOR TALKING BOOK LIBRARY SERVICE

Library registration and circulation records are confidential and protected by law.

Please Print or Type:

First Name: _____ Initial: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ County: _____

_____/_____/_____
Date of Birth Sex: M or F Student _____ U.S. Veteran
Grade

E-mail: _____

May we have the name & number of a contact person in case we cannot reach you?

_____ (_____) _____

Language Preference:

I prefer to read: English Spanish French Other: _____

My second choice of language for reading is: _____

Equipment and Books: (Check the formats that you would like to receive)

Digital book player and books Braille materials

Various kinds of adaptive equipment are available. These are described in the New Reader Booklet, which is sent after registration.

To return this application, fold so that the Library's address shows on the outside.
Tape or staple and mail. NO POSTAGE IS REQUIRED.

Reading Interests: (Check all that interests you)

FICTION

- Adventure
- African American
- Bestsellers
- Classics
- Espionage
- Family Stories
- Fantasy
- Historical Fiction
- Humor
- Legal Suspense
- Mystery
- Romance
- Science Fiction
- Short Stories
- War
- Westerns

NONFICTION

- African-American
- Bestsellers
- Biography
- Business/Finance
- Christian Interests
- Computers
- Cooking
- Current Events
- Disabilities
- Fine Arts
- Hispanic Interests
- History/US
- History/World
- Homemaking
- Humor
- Jewish Interests

NONFICTION

- Medical/Health Issues
- Nature and Animals
- Poetry
- Politics
- Psychology/Self-help
- Religion_____
- Science
- Sports
- Travel
- Women's Interests
- Other_____
- Other_____
- Other_____
- Other_____
- Other_____
- Other_____

Favorite Authors:_____

Do you wish to

exclude books with: Strong language Explicit descriptions of sex Violence

CERTIFICATION OF ELIGIBILITY

Please have a doctor, nurse, optometrist, social worker, counselor, teacher or other qualified person complete this section:

Reason applicant cannot use ordinary reading materials:

- Legal blindness
- Visual impairment
- Physical impairment
- Deaf and blind
- Reading disability (Must be certified only by a doctor of medicine or osteopathy.)

Certified by (signature):_____Date:_____

Print or Type Name:_____Title:_____

Address:_____Telephone:_____

City, State, Zip Code:_____

Return completed application by mail to:

Talking Book Library, West Florida Public Library, 5740 N. Ninth Ave., Pensacola, FL 32504

TALKING BOOK LIBRARY
WEST FLORIDA PUBLIC LIBRARY
5740 N. NINTH AVENUE
PENSACOLA, FL 32504

**FREE MATTER FOR THE
BLIND OR HANDICAPPED**



www.mywfpl.com
850-471-6000

**FREE MATTER FOR THE
BLIND OR HANDICAPPED**

Talking Book Library
West Florida Public Library
5740 N. Ninth Avenue
Pensacola, FL 32504



www.mywfpl.com

850-471-6000