

Talking Books Library
Miami-Dade Public Library System
2455 NW 183rd Street, Miami, FL 33056
Phone: 305-751-8687 or 800-451-9544 Fax: 305-757-8401

APPLICATION FOR TALKING BOOKS 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: _____

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

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)

Cassette player and Talking Books on tape Braille materials

Accessories:

- Headphones (For use where loudspeakers are not permitted)
- Extension levers Pillow-speaker (For use by readers confined to bed)
- Breath switch and remote control switch (Requires separate application)
- Amplifier (For hearing impaired; requires separate application)

Reading Preference: (Select one)

- Send only the books I request. Do not select books for me.
- I wish to have books selected for me based on my reading interests.

Reading Interests: (Check all that interest you)

FICTION

- Adventure
- Bestsellers
- Classics
- Espionage
- Family stories
- Fantasy
- Historical fiction
- Humor
- Legal suspense
- Mystery
- Romance
- Sci Fiction/Fantasy
- War
- Westerns

NONFICTION

- African-American
- Bestsellers
- Biography
- Business/Finance
- Christian interests
- Computers
- Cooking
- Current events
- Disabilities
- Fine Arts
- Hispanic interests
- History/U.S.
- History/World
- Homemaking

NONFICTION

- Humor
- Jewish interests
- Medical/Health issues
- Nature and Animals
- Poetry
- Politics
- Psychology/Self-help
- Religion _____
- Science
- Short stories
- Sports
- Travel
- Women's interests
- Other _____

Favorite Authors: _____

Do you wish to exclude: Strong language Explicit descriptions of sex Violence

CERTIFICATION OF ELIGIBILITY

To Be Completed by Certifying Authority:

I certify that the applicant cannot use standard print materials because of:

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

Name (Print or type): _____ Date: _____

Signature: _____

Title: _____ Telephone: _____

Address: _____ Fax: _____

City, State, Zip Code: _____

RETURN COMPLETED APPLICATION BY MAIL TO: Talking Books Library
Miami-Dade Public Library System, 2455 NW 183rd Street, Miami, FL 33056