DOWN EAST RADIO READING SERVICE, INC. P.O. Box 8706 Rocky Mount, NC 27804 252.443.7551 11/13/06

RECEIVER APPLICATION

(Return both pages of application to the above address.)

SECTION I (All blanks n	nust be completed.)	
Name		Date
Address		
City	County	Zip
Phone (H)	(B)	(C)
SSN	Nature of Impai	rment (e.g. blindness, Parkin-
son's, dyslexia, paralysis,	etc.)	
SECTION II (Optional, f		
Year of Birth	Race	Gender (M or F)
center? (Y or N) If	rsing home, retirement yes, identify.	Cassatta
How would you like your	program guide? Print_	Braille Cassette
Would you be interested in of directors? (Y or N)	•	RRS committee or the board
SECTION IV (All blanks	must be completed.)	
Alternate Contact Person:	Name	
Address		
City		NC Zip Code
Phone (H)	(B)	(C)
e-mail address		
Relationship to Applicant		

SECTION V (All blanks must be completed and signed.)

<i>Certification</i> (Should be completed by a physician, nurse, librarian, or social worker.) "I certify that the above-named applicant cannot effectively use printed material as a result of the following condition(s):			
Name	Title		
Phone	Signature		
SECTION IV (Must be signed.) Assurance "I understand that the receiver is the sole property of Down East Radio Reading Service, Inc. and is made available for my use at no required cost to me. If and when it is no longer needed or wanted, I agree that it will be returned to the service for someone else's benefit." Applicant's Signature			
	<<<<<<<<<<<<<<<<<>OR OFFICE USE ONLY)		
Date Application Received _	Date Delivered		
	eiver Number Recipient Donation (if any) \$		