

Application for Free Services

Mr, Mrs, Miss, Ms (Please circ	le one)
Name	
Address	Apt
Address	•
City	State Zip
, Telephone ()	
Email	
Religion	

Certification of Eligibility		
This portion of the application must be completed by a medical professional, teacher, or social worker.		
I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated below.		
() legally blind () physical handicap		
Signature Date / / / Printed Name Title/Occupation Street Address Telephone () City State Zip Code	_	

Please complete both sides of this form.

Please send materials in: (choose all that apply)

- () English () Spanish () Digital Cartridge
- () Braille () Large Print () Audio

Free Services Order Forms:

- () Braille Books
 () Ellen G. White Audio Books
 () Full-Vision Books
 () Large Print Booklets
- () Large Print Catalogue of Digital Library Titles
- () Free Camps Info Packet

PERIODICALS

Braille:

- () The Children's Friend (Quarterly)
- () Primary Bible Study Guide*(For Children, Quarterly)
- () Christian Record (Quarterly)
- () The Student*(Daily Adult Bible Study Guide, Monthly) Large Print:
 - () Light (Bimonthly)
- Audio MP3 Disk (Quarterly):
 - () Vantage Point Magazine () Encounter Magazine*
 - () The Student*(Daily Adult Bible Study Guide)

BIBLE COURSES AND STUDY GUIDES

Large Print:

- () Life and Teachings of Christ* () Alive With Jesus*
- () Discover*

Braille:

- () Life and Teachings of Christ () Alive With Jesus*
- () Revelation Seminar* () Discover*
- () In Step With Jesus* (52 Lessons)

Titles with an * may contain biblical teachings specific to the Seventh-day Adventist Church