

APPLICATION FOR LDS SERVICE

DATE _____

NAME _____
First Initial Last

ADDRESS _____
Street

City State Zip Code

DATE OF BIRTH _____ PHONE () _____

EMAIL _____

SERVICE PREFERENCES

Please indicate the format of books and service preference.

- Braille Books
 - One book when one returned
 - Send only titles I request

- Audiobooks
 - One book when one returned
 - Send only titles I request

Are you registered with your local regional library? YES NO
If so, which regional library?

Library Name

**Free Matter for the Blind
and Disabled**

**UTAH STATE LIBRARY FOR THE BLIND
AND DISABLED
250 N 1950 W SUITE A
SALT LAKE CITY UT 84116-7901**

Fold Here