

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 must be completed.)

Name _____ Date _____
Address _____
City _____ County _____ Zip _____
Phone (H) _____ (B) _____ (C) _____
SSN _____ Nature of Impairment (e.g. blindness, Parkinson's, dyslexia, paralysis, etc.) _____

SECTION II (Optional, for statistical purposes only.)

Year of Birth _____ Race _____ Gender (M or F) _____

SECTION III (All blanks must be completed.)

Are you a resident of a nursing home, retirement community, or assisted living center? (Y or N) _____ If yes, identify. _____

How would you like your program guide? Print _____ Braille _____ Cassette _____

Would you be interested in volunteering on a DERRS committee or the board of directors? (Y or N) _____

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 _____

(OVER)

