



GaRRS

LISTENER APPLICATION

Listener Name

Street Address

City

State

Zip

County

Telephone Number

Email Address

Nature of Disability:

- LEGALLY BLIND
- PARTIAL VISION
- PRINT IMPAIRED DUE TO PHYSICAL DISABILITY
- READING DISABILITY - Please specify _____

Do you wish to listen to GaRRS on a:

- Console Receiver
- Portable-AC/DC Receiver
- WIFI/Internet Radio
- Amazon Echo Dot

We send monthly Program Guides to your home to let you know the broadcast schedule. Please tell us how you would like to receive them:

- Large Print
- Braille
- CD
- Cassette
- E-mail (Large Print)

Would you like to join our Mailing List? Yes No

Would you like to learn more about:

- GA Library Accessible Services and the Talking Book Library
- National Federation of the Blind and Newsline

Georgia Radio Reading Service, Inc. (GaRRS)

260 14th Street N.W., Atlanta, Georgia 30318-5360

(404) 685-2820 (404) 685-2821 (f)

GaRRS is a 501-c-3 nonprofit organization reliant upon the receipt of donations and grant funds in order to provide reading services. In order for GaRRS to seek grant funds, we request the following optional demographic information. **The information will be kept confidential.**

How did you hear about us? Service Provider Doctor
 Media Internet Other: _____

Race

- American Indian or Alaska Native
- Black or African American
- Asian
- Hispanic or Latino
- White
- Other

Gender

- Female
- Male

Age Range

- 0 – 18
- 19 – 30
- 31 – 45
- 46 – 65
- 65+

Veteran

- Yes
- No

Is there another individual whom we could contact should a problem arise with delivery or reception of the radio receiver?

Name of contact person

Relationship

Home Telephone

Work Telephone

Street Address

City

State

Zip

Fees: The Georgia Radio Reading Service, Inc. suggests an optional \$100.00 once-per-lifetime donation for the radio receiver and cost of program guides. Please RETURN THIS APPLICATION and donation made payable to the Georgia Radio Reading Service, Inc. to:

GaRRS, 260 14th Street NW, Atlanta, GA, 30318-5360

OFFICE USE ONLY: Receiver No. _____ Date: _____