

# New Client Application Form

Books Aloud, inc.

PO Box 5731, San Jose, CA 95150

Tel: (408) 808-2613

Client Name _____	Date _____
Address _____	Phone _____
City _____ State _____ Zip Code _____	Disability _____
Email _____	Date of Birth _____
Closest Relative or Friend _____	Phone _____
Address _____	Relationship _____
City _____ State _____ Zip Code _____	Referred by _____
Email _____	

Do you read Braille?

YES

NO

How many books would you like to receive each month? (Please circle one)

2

4

6

Please list the **subject** matter that you enjoy reading

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Strong Language

OK to Send

Do not Send

Explicit Sex

Violence

Please list the **authors** that you enjoy reading

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Please mail application to:

Books Aloud, Inc.

PO Box 5731

San Jose, CA 95150