

# CHRISTIAN RECORD

SERVICES FOR THE BLIND

## Membership Application

Mr, Mrs, Miss, Ms (Please circle one)

Printed Name \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_\_\_

Email \_\_\_\_\_

Religion \_\_\_\_\_

### Privacy Policy

Here are the four main points of our privacy policy.  
For the complete Privacy Policy statement visit [crsb.org](http://crsb.org),  
or call 402-488-0981 for a braille or large print edition.

1. We never sell, trade, or give your information to any entity without your consent.
2. You have complete control over your information and services you receive. You may adjust your account at [lib.guide](http://lib.guide) or contact Christian Record Services for the Blind by email, phone, or mail.
3. We use your information from [lib.guide](http://lib.guide) and [CRSB.org](http://CRSB.org) for analytical purposes to better serve you, and it may be accessed by international technicians.
4. We take steps to protect your data.

I acknowledge I have read and understand  
the Privacy Policy above.

Please complete both sides of this form.

## Certification of Eligibility

This section must be completed by a social worker, medical professional, or certified instructor of the blind.

I certify that the applicant named is unable to read or use standard printed material for the reason(s) indicated below.

totally blind    legally blind    physical handicap

Printed Name \_\_\_\_\_ Title/Occupation \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_  
Signature \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Post Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

### Option 1 Free Services Includes:

- Base Services:** Access to Lib.Guide, an online proprietary library for people who are blind which contains thousands of English resources. Some resources are also available in Spanish
- Option 1:** Subscription to a member's selection of *Adult Bible Study Guide* in English Braille, English MP3, or the Spanish version, *Guia de Estudio de la Biblia* in MP3

**Return completed application to:**  
Christian Record Services for the Blind  
PO Box 6097 Lincoln NE 68506 USA  
Or by email to [services@christianrecord.org](mailto:services@christianrecord.org)