



*California*  
**STATE LIBRARY**  
FOUNDED 1850  
PRESERVING OUR HERITAGE. SHAPING OUR FUTURE

Mail, fax, or email completed application to:

**Mail:**

BTBL

PO Box 942837

Sacramento, CA 94237-0001

In place of postage stamp, write "Free Matter for the Blind or Handicapped."

**Fax:** (916) 654-1199

**Email:** btbl@library.ca.gov

## **California Braille and Talking Book Library BTBL User Advisory Council (BUAC) MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Patron of the Library:  YES  NO If YES, how long? \_\_\_\_\_

Which services do you use?

Braille

Descriptive Videos

Digital Books

Cassettes

Downloads (BARD or BARD Mobile)

Members must attend and participate in three or four meetings (at least one paid/reimbursed in-person meeting in Sacramento) per year, serve as a resource, and be involved at the local level. If appointed as a member, I will be able to meet this commitment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(continued on next page)

**References:** Please include the names, relationships (friend, work associate, etc.), and contact information (phone number and/or email address) for two people other than family members who can serve as references and recommend you for the BUAC:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

**Why would you like to serve on the Council?**

Please write at least two or more paragraphs to tell us more about yourself, your volunteer activities, and how you would represent the diversity of CA BTBL patrons in your community. Please attach another sheet of paper if needed.

Comments: