

ROUNDAABOUT

(THE HARROGATE AND DISTRICT TALKING NEWSPAPER)

Application for Membership

A FREE PLAYER WILL BE ISSUED TO ALL NEW LISTENERS. (You will be informed how to collect your new player after your application has been accepted).

A. Surname of Applicant.....Mr/Mrs/Miss
(BLOCK CAPITALS)

First

Names.....Birthday.....

Address.....

.....

Post Code.....Telephone No.....

Do you wish to join our tape Library.....

(You will need to own a cassette player for this service)

Please give the name of a person who could be contacted to help you if necessary. This is important and must be filled in.

Name (BLOCKCAPITALS).....

Address.....

.....

.....Telephone No.....

NOTE: THERE IS NO CHARGE FOR THIS SERVICE - P.T.O.

HARROGATE AND DISTRICT TALKING NEWSPAPER ASSOCIATION

PO BOX 21, HARROGATE, NORTH YORKSHIRE HG1 1JS, Telephone: 01423 771243
PRESIDENT SIR THOMAS INGILBY REGISTERED CHARITY No 506890
A MEMBER OF THE TALKING NEWS FEDERATION

B. If the applicant is registered visually impaired, please give the Registration Number.....

C. If not registered, the following part must be signed by an Ophthalmologist, Ophthalmic Optician or Doctor:

I certify that the above named applicant has defective reading vision (generally N12 or worse with spectacles) **OR** a physical impairment which prevents them from accessing print.

Signature.....

Name (BLOCK CAPITALS).....

Address.....

.....
Qualifications..... Date.....

D. This application should be sent to:
Harrogate and District Talking Newspaper
PO Box 21
Harrogate
HG1 1JS

For computer records only No. Allocated.....

The following 3 items **MUST** be sent when the Application form is received: (please tick)
(If the Applicant has own MP3 player item 1. is not required)

1. Information on how to collect MP3 player/ 2. Notes for new listeners/ 3. GDPR Privacy Notice

After Recipient has been entered on the system: (please circle): Library list (Y / N)

Computer records
Entries processed by.....Date.....

Cancellation processed by.....Date.....

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