

Membership Application to:- HULL AND DISTRICT TALKING MAGAZINE

BLOCK CAPITALS please

First Name _____ Mr Mrs Miss Ms Other _____
Surname _____
Address _____

Postcode _____
Telephone _____
No _____
Mobile No _____
Date of _____
Birth _____

Please indicate whether:

- a) Registered Blind
- b) Registered Partially-sighted
- c) Not registered (N12) If the applicant is not registered blind or partially-sighted, the following declaration must be signed by an Ophthalmologist, Ophthalmic Optician, Doctor or other qualified person.

I _____ (Name)
of _____ (Address)

am _____ (Qualification)
certify that the above named has defective reading vision (generally N12 or worse with spectacles.)

Signed _____ Date _____

Please send application to:

Hull and District Talking Magazine
25 Portland Street
Hull
HU2 8JX