

# Membership Application to:- HULL AND DISTRICT TALKING MAGAZINE

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BLOCK CAPITALS please

First Name \_\_\_\_\_ Mr Mrs Miss Ms Other \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

No \_\_\_\_\_

Mobile No \_\_\_\_\_

Date of \_\_\_\_\_

Birth \_\_\_\_\_

**Please indicate whether**

I already have a USB player

I do not have a USB player and would like one

**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:**

Registration

Hull and District Talking Magazine

25 Portland Street

Hull

HU2 8JX