

# ROUNDAABOUT

(THE HARROGATE AND DISTRICT TALKING NEWSPAPER ASSOCIATION)

## 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.....

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**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.....

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

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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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