

APPLICATION FOR FREE MEMBERSHIP
of the West Shropshire Talking Newspaper,
Fletcher Centre, Cross Hill, Shrewsbury SY1 1JE

NAME

ADDRESS & POSTCODE

TELEPHONE NO.

EMAIL

By submitting this application you confirm that you agree to the West Shropshire Talking Newspaper [WSTN] holding these details electronically in order to supply the recordings by post and for no other purpose. Your details will not be passed by the WSTN to any third party. If you no longer require the service your details will be deleted.

If you live in the western half of Shropshire and you do not have any method of playing a memory stick please tick the box and we will provide a USB player on free loan.

Our loan players are not provided outside our west Shropshire area but we can advise where they can be purchased.

To comply with Royal Mail Regulations the Certificate below must be completed so that we can post 'Articles for the Blind' by free post to the applicant.

FOR REGISTERED BLIND AND PARTIALLY SIGHTED APPLICANTS

I confirm that the applicant named above is Registered Blind/Partially Sighted *[please delete one]*

SIGNATURE

DATE

NAME (please print)

AND PLEASE STATE EITHER YOUR LOCAL AUTHORITY POST HELD OR IF YOU ARE AN
OPHTHALMOLOGIST, DOCTOR OR OPHTHALMIC OPTICIAN

ADDRESS OF LOCAL AUTHORITY OR MEDICAL PRACTICE
