

Epsom and Ewell Talking Newspaper Membership Application

Surname

Title

Forename

Address

.....

.....

Postcode

Telephone number

e-mail address (optional)

Date of birth (optional)

I wish to receive the Epsom and Ewell Talking Newspaper for the Blind. I agree to the Newspaper keeping information on me that is necessary for them to provide me with the weekly talking sound file.

I confirm that either:

- i) I am registered as blind or partially sighted
- ii) I have close-up vision of N12 or less (unable to read newsprint)

Signature

Date

Please return the completed form to:

**Epsom and Ewell Talking Newspaper for the Blind,
c/o Swail House,
Ashley Road,
Epsom, KT18 5AZ**