

Application for
**The
Northumbrian
Magazine**

Registered Charity 1034087



Please return form to:
TTN Registrar, Mr E Turnbull
Hydro Bungalow
Allendale Road
Hexham NE46 2NB
Tel. 0740 009 6937

Please complete section **A**, and *either* section **B** *or* section **C**

A I would like to receive the Northumbrian Magazine.

Salutation: **Mr/Mrs/Miss/Ms** Address: _____
First name: _____
Surname: _____
Telephone: _____
Date: ____ / ____ / 20____ Postcode: _____
Email _____
Additional contact please: Name: _____ Tel. _____

Our recording is supplied on a memory stick. Please tick **one** box. I Would like to borrow a player.
I do not wish to borrow a player.

How did you hear about the Tynedale Talking Newspaper? (please tick) Vision N/Land
Care Home Doctor Carer
Hospital Optician NCBA
Social Worker Notice Flyer
Hexham Courant Friend BID

B If you are **registered** severely sight impaired (blind) please tick
or sight impaired (partially sighted), please tick

With which local authority? _____

C If you are **not registered** please ask a doctor, ophthalmologist or ophthalmic optician to complete this declaration:

I, _____ (name and address, or office stamp)

doctor / ophthalmologist / ophthalmic optician (*delete as appropriate*), certify that the above named has defective reading vision (generally N12 or worse with spectacles).

Signed _____ Date ____ / ____ / 20____