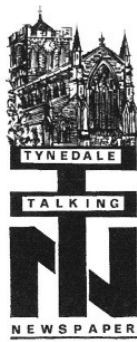


Application for
**The
 Northumbrian
 Magazine**
 Registered Charity 1034087



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. <input type="checkbox"/> I do not wish to borrow a player. <input type="checkbox"/>	How did you hear about the Tynedale Talking Newspaper? (please tick) Care Home <input type="checkbox"/> Doctor <input type="checkbox"/> Carer <input type="checkbox"/> Hospital <input type="checkbox"/> Optician <input type="checkbox"/> NCBA <input type="checkbox"/> Social Worker <input type="checkbox"/> Notice <input type="checkbox"/> Flyer <input type="checkbox"/> Hexham Courant <input type="checkbox"/> Friend <input type="checkbox"/> BID <input type="checkbox"/>
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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____