How-to-join form

Application to receive the Harrow Talking Newspaper on memory stick.

Mr / Mrs / Miss / Ms (please circle one)

First name: ..... Surname: .....

Address: .....

.....

..... Post Code: .....

Telephone: ..... Year of Birth: .....

Are you Registered Blind? YES / NO **or** Are you partially sighted? YES / NO

Do you need to borrow an audio player from HTN? YES / NO

How did you learn of HTN? .....

.....

Your details will be held securely in our studio as long as you are a member and will be destroyed within three months if your membership ceases.

Date: ..... Signature: ..... (Yours or on your behalf)

Please return this form to:- Harrow Talking Newspaper, Civic 5, Station Road, Harrow HA1 2XY