



# TAPE AIDS FOR THE BLIND

A Free National Library Service for the Blind & Print-Handicapped

002-101 NPO / PBO 930000935

## HEAD OFFICE

Tape Aids House

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## CONFIDENTIAL MEMBERSHIP APPLICATION FORM

*This application must be completed in full.*

### PERSONAL DETAILS

Membership No: \_\_\_\_\_  
(for office use only)

Surname:					
Title:	Mr	Mrs	Miss	Other	
Full Names:					
Residential Address:				Postal Code:	
Telephone No:	(h) ( )	(w) ( )		Cell	
Email and Fax No:	Email:			Fax: ( )	
Postal Address:				Postal Code:	
Date of Birth:	yy/mm/dd:		Identity Number:		
Home Language:					
I require the service because I am:	Blind:		Partially Sighted:	Other (Please state):	
My Condition is:	Temporary:		Permanent:		
Next of Kin:	Name:				
	Address:		Postal Code:		
	Telephone	( )			
Contact Person (not living with you):	Name:				
	Address:		Postal Code:		
	Telephone	( )			

2.

## LIBRARY INFORMATION

Please indicate in which language/s you require your audio books.

English		Afrikaans		Both		Other	
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I would like to receive books in the following categories.

Mark with an X where applicable.

\*These are broad categories only. Please specify any other subjects of interest to you.

## FICTION

Action		Fantasy		Sagas	
Adventure		Historical		Science Fiction	
Animals		Horror		Short Stories	
Book Club		Inspirational		Thrillers	
Christian		Medical		War	
Classics		Mills & Boon		Westerns	
Contemporary		Murder / Detective			
Espionage		Romance			
Other (Please specify)					

## NON-FICTION

Archaeology		Humour		Science	
Arts		Inspirational		Social Issues	
Biography		Medicine		Sport & Recreation	
Business		Motivational		Technology	
Country Life		Pets		Travel	
Crime		Philosophy		War	
Health		Poetry		Wildlife	
History		Psychology			
Hobbies		Religion			
Other (Please specify)					

## JUNIOR

Pre-School		Juvenile		Teenage	
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**LIBRARY INFORMATION cont.****PREFERRED AUTHORS**


**AUDIO MAGAZINES**

<b>From the Bookshelf</b> (Library newsletter and catalogue - monthly)		<b>Uit die Boekrak</b> (Afrikaans library newsletter and catalogue - monthly)	
<b>Talking Tabloid</b> (English recreational – every two months)		<b>The Witness</b> (Selections - Natal newspaper – monthly)	
<b>Brabbel</b> (Afrikaans children’s magazine - monthly)		<b>De Rebus</b> (Legal journal – monthly)	
<b>Diabetes Focus</b> (Quarterly)		<b>Faith for Daily Living</b> (Bible readings and devotions – every two months)	
<b>Huisgenoot</b> (Selections – Afrikaans – every two months)		<b>Imfama – SANCB</b> (Three times a year)	
<b>Jewish Affairs</b> (American Magazine - monthly)		<b>Leef</b> (Selections - Afrikaans - inspirational – monthly)	
<b>Noseweek</b> (Topical - satirical - monthly)		<b>Retinus Pigmentosa Newsletter</b> (Quarterly)	
<b>St. Dunstan’s Review</b> (for South African War Blinded Veterans – quarterly)		<b>Talking Wildlife</b> (Quarterly)	
<b>The Rainbow</b> (English children’s magazine - monthly)		<b>You Magazine</b> (Selections – English – every two months)	

**SECTION E:                    DISCLAIMER**

*This section needs to be signed by or on behalf of applicant and returned to  
Tape Aids for the Blind.*

If my application is accepted, I hereby agree to abide by the regulations governing library membership of Tape Aids for the Blind. I undertake not to copy, make, distribute and/or sell (whether in my personal capacity or otherwise) all or any audio production(s) of Tape Aids for the Blind and its associated Section 21 Company, and I undertake further to protect and preserve the copyright of Tape Aids for the Blind, such Company and its licensors from time to time.

I indemnify and hold safe and harmless Tape Aids for the Blind and such Company against all and any claims of whatsoever nature and howsoever arising by any such licensor(s) with regard to any breach by me of the above.

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
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In order to protect the many concessions and advantages granted to our Association by authors, publishers etc., this form must be signed by a Doctor, Optician, Minister of Religion, Registered Medical Auxiliary, Registered Social Worker or Librarian.

**I HEREBY CERTIFY THAT:**

(Name of Applicant)
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Is totally, partially, or intermittently deprived of sight, or temporarily or permanently so disabled as to make reading in the normal manner impossible, or undesirable for practical reasons.

**Certified by:**

<b>Name</b>		
<b>Address</b>		
<b>Designation</b>		
<b>Signed</b>		<b>Date:</b>

