

# TAPE AIDS AVID READERS' AUDIO LIBRARY

A National Library & Audio Book Production Service for Blind & Print-Disabled

www.tapeaids.com • www.tapeaids.dstv.com

002-101 NPO / PBO 930000935



## CONFIDENTIAL MEMBERSHIP APPLICATION FORM

*Please complete this application in full*

### INDIVIDUAL MEMBER DETAILS

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

Surname: \_\_\_\_\_  Mr  Mrs  Ms Other \_\_\_\_\_

First Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

ID No: \_\_\_\_\_ Home Language: \_\_\_\_\_

### Next of Kin

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### STUDENT INFORMATION (If Applicable)

Name of School/University/College: \_\_\_\_\_

Grade/Degree/Diploma: \_\_\_\_\_

Course: \_\_\_\_\_

Preferred format:  USB  Mp3 CD  Google Drive  Dropbox

## LIBRARY INFORMATION

*NOTE: Race & Gender Demographics Required for Statutory Statistical Purposes ONLY*

Race:	Black		Indian		Coloured		White	
Gender:	Female		Male					

Please indicate with an 'X' which language/s you require for your audio books:

- English     
  Afrikaans     
  Both E & A     
  isiZulu  
 isiXhosa     
  Other SA Languages

State other languages: \_\_\_\_\_

Library services are required for the following reader categories:

- Pre-School     
  Juvenile     
  Young Adult     
  Adult

Available Formats:

- MP3CD     
  USB Memory Stick (*supplied by member*)     
  Online Download

I would like to receive books in the following categories (mark with an 'X' where applicable)

### FICTION

Action/Adventure	<input type="checkbox"/>	Horror	<input type="checkbox"/>	Science Fiction	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Short Stories	<input type="checkbox"/>
Bestseller	<input type="checkbox"/>	Mills & Boon	<input type="checkbox"/>	Thrillers	<input type="checkbox"/>
Classics	<input type="checkbox"/>	Murder/Detective	<input type="checkbox"/>	War	<input type="checkbox"/>
Contemporary	<input type="checkbox"/>	Novels	<input type="checkbox"/>	Westerns	<input type="checkbox"/>
Espionage	<input type="checkbox"/>	Religious/Inspirational	<input type="checkbox"/>		
Fantasy	<input type="checkbox"/>	Romance	<input type="checkbox"/>		
Historical	<input type="checkbox"/>	Sagas	<input type="checkbox"/>		

### NON-FICTION

Archaeology	<input type="checkbox"/>	Humour	<input type="checkbox"/>	Science	<input type="checkbox"/>
Arts	<input type="checkbox"/>	Inspirational/Motivational	<input type="checkbox"/>	Social Issues	<input type="checkbox"/>
Biography	<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Technology	<input type="checkbox"/>
Business/Economics	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Country Life	<input type="checkbox"/>	Philosophy	<input type="checkbox"/>	War	<input type="checkbox"/>
Crime	<input type="checkbox"/>	Poetry	<input type="checkbox"/>	Wildlife	<input type="checkbox"/>
Health	<input type="checkbox"/>	Psychology	<input type="checkbox"/>	Sport &	<input type="checkbox"/>
History	<input type="checkbox"/>	Recipes / Hints	<input type="checkbox"/>	Recreation	<input type="checkbox"/>
Hobbies (Specify)	<input type="checkbox"/>	Religion (Specify)	<input type="checkbox"/>		

*Note:* These are broad categories only. Please specify any other additional subjects that may be of interest to you:

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## LIBRARY INFORMATION (continued)

## PREFERRED AUTHORS


## AUDIO MAGAZINES

- |  |   |
|--|---|
| <input type="checkbox"/> From the Bookshelf - English<br>Library newsletter and booklist of<br>new titles [Monthly]          | <input type="checkbox"/> Uit die Boekrak – Afrikaans<br>Biblioteeknuusbrief en boekelys<br>van nuwe titels [Maandeliks] |
| <input type="checkbox"/> Talking Tabloid – English<br>Recreational – articles of interest<br>[Monthly]                       | <input type="checkbox"/> Noseweek Magazine - English<br>Topical, satirical & investigative articles<br>[Monthly]        |
| <input type="checkbox"/> De Rebus - English<br>Magazine for the Legal Profession<br>[Monthly]                                | <input type="checkbox"/> Faith for Daily Living - English<br>Bible readings and devotions<br>[Bi-monthly]               |
| <input type="checkbox"/> Huisgenoot – Afrikaans<br>Tydskrif uittreksels<br>[Tweemaandeliks]                                  | <input type="checkbox"/> Eyethu - isiZulu<br>Selections from Bona & Drum<br>magazines [Bi-monthly]                      |
| <input type="checkbox"/> St. Dunstan’s Review - English<br>Association for South African War<br>Blinded Veterans [Quarterly] | <input type="checkbox"/> Jewish Affairs - English<br>Jewish Blind Institute<br>[Monthly]                                |
| <input type="checkbox"/> Retina South Africa – English<br>Retina eNews Magazine<br>[Quarterly]                               |   |

*Audio Magazines are available in digital mp3 formats and will be posted to members on CDs each month. Members are requested to kindly return the Tape Aids’ yellow postal containers in which the CD Magazines were sent to ensure future supplies of audio magazines.*

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 Non Profit Company, Tape Aids NPC, 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.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

In order to protect the many concessions and advantages granted to our Association by authors and publishers, this form must be signed by a person known to the applicant such as a Minister of Religion; Medical Practitioner; Optician; Nurse; Caregiver or Librarian.

I HEREBY CERTIFY THAT:

(Name of Applicant) \_\_\_\_\_

is unable to read print for the following reasons:

visual       print-disability       other \_\_\_\_\_

Name of certifying authority (PLEASE PRINT) \_\_\_\_\_

Details of certifying authority: Organisation \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TAPE AIDS HEAD OFFICE**

Tape Aids House

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