



Membership No.

EASTBOURNE TALKING NEWSPAPER ASSOCIATION

APPLICATION FORM

Name Title.....
(Mr/Mrs/Miss/Ms/Other)

Address

.....Post Code

Tel No. Mobile No.

Email

Do you have a Certificate of Sight Impairment? Yes/No

Do you require a Boombox? Yes/No

Would you like to receive a Birthday greeting? Yes/No

If yes, please give Date of Birth

Please tick the recordings you would like to receive:

Local News from the Eastbourne Herald

Weekend News from National Newspapers

Monthly Magazine

By signing this Form you give your consent for ETNA to use the information you have provided as follows:-

- To store it securely
- To use it to provide the talking newspaper service
- To use it to communicate with you

You may withdraw your consent to the usage of any piece of information at any time by contacting ETNA in writing or by phone on **01323 72 72 73**.

You also give your agreement to the terms and conditions of ETNA's Privacy Policy and Data Protection Policy. Copies of these documents are available on request or can be viewed on ETNA's website.

Signature Date of Application

**Please return Form to: Eastbourne Talking Newspaper Assoc.,
Old Parsonage Barn, Ocklynge Road, Eastbourne. BN21 1PL**