

TAPE AIDS AVID READERS' AUDIO LIBRARY

A Free Audio Library for Blind; Vision Impaired and Print-Disabled Persons

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



HEAD OFFICE

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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: _____ Fax: (____) _____

ID No: _____ Home Language: _____

Next of Kin

Name: _____

Postal Address: _____

_____ Postal Code: _____

Code: _____

Telephone: (____) _____

Cell: _____

Email: _____

Someone Not Living With You

Name: _____

Postal Address: _____

_____ Postal

Telephone: (____) _____

Cell: _____

Email: _____

2.

LIBRARY INFORMATION

Please indicate in which language/s you require 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
Easy Reader (simplified popular titles)

Available Formats:

Cassette Tape CD MP3CD (on request) Online Download

www.tapeaids.dstv.com

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 & Recreation	<input type="checkbox"/>
History	<input type="checkbox"/>	Recipes / Hints	<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 of interest to you.

_____ 3.

LIBRARY INFORMATION (continued)

PREFERRED AUTHORS

AUDIO MAGAZINES

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> From the Bookshelf – English
Library newsletter and booklist of new titles [Monthly] | <input type="checkbox"/> Uit die Boekrak – Afrikaans
Biblioteeknuusbrieff en boekelys van nuwe titels [Maandeliks] |
| <input type="checkbox"/> Talking Tabloid – English
Recreational – articles of interest [Bi-monthly] | <input type="checkbox"/> Leef – Afrikaans
Tydskrif uittreksels – inspirerend [Maandeliks] |
| <input type="checkbox"/> Noseweek Magazine – English
Topical, satirical & investigative articles [Monthly] | <input type="checkbox"/> Huisgenoot Tydskrif – Afrikaans
Tydskrif uittreksels [Tweemaandeliks] |
| <input type="checkbox"/> De Rebus – English
Magazine for the Legal Profession [Monthly] | <input type="checkbox"/> Faith for Daily Living – English
Bible readings and devotions [Bi-monthly] |
| <input type="checkbox"/> You Magazine – English
Selections of articles [Bi-monthly] | <input type="checkbox"/> The Rainbow Club – English
Children’s magazine [Monthly] |
| <input type="checkbox"/> Imfama – Official magazine of the SA National Council for the Blind – English
Articles of interest [Annually] | <input type="checkbox"/> Eyethu – Zulu
Selections from Bona & Drum magazines [Bi-monthly] |
| <input type="checkbox"/> St. Dunstan’s Review – English
Association for South African War Blinded Veterans [Quarterly] | <input type="checkbox"/> Jewish Affairs – English
Jewish Blind Institute [Monthly] |
| <input type="checkbox"/> Diabetes Focus – English
Publication of Diabetes South Africa magazine [Quarterly] | <input type="checkbox"/> Cooking in the Dark – English
Potpourri of Recipes [Quarterly] |
| <input type="checkbox"/> Retina South Africa – English
Retina eNews Magazine [Quarterly] | |

4.

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.

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: _____