

Association for the Blind of Western Australia

Talking Book Library Enrolment Form

Welcome to the Association for the Blind of Western Australia - Guide Dogs WA digital Talking Book Library services. Use this form to sign up for our download service only. For our postal library service within Western Australia please contact the Association on (08) 9311 8202 or toll free on 1800 847 466

Under the Australian Copyright Act of 1968 as amended person who are blind or vision impaired, dyslexics and those with physical impairment which prevent them from reading or handling conventional printed materials are entitled to receive from the Association's library service recorded books and other reading matter. Similar provisions are found in the copyright laws of most other nations as well.

Please complete the form below and then press the print button. People who are blind or vision impaired may send us a photocopy of their Blind Citizens of Australia ID Card or state transit pass as proof of disability. Alternatively you will need to have the certification of disability signed and then fax or mail this form to us.

Certifying authority:

"Certifying authority" includes doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies (e.g., social workers, case workers, counsellors, rehabilitation teachers, and superintendents) teachers, school principals, school councillors and other educational professionals. In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the us.

Personal Information	
First name:	<input type="text"/>
Last name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>
Nature of print disability:	<input type="text"/>

Certification

I am including a copy of my state or territory transit or Blind Citizens of Australia ID card.

OR

I certify that the applicant named above is requesting library service and is unable to read or use regular printed material for the reason indicated on this form.

Signature: Date:

Title (Dr. etc.):	<input type="text"/>
First name:	<input type="text"/>
Last name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

Notes

Print

Please print and post or fax this from and any related documentation to:

*Association for the Blind of Western Australia
Library Services
PO Box 101
Victoria Park, WA 6979
AUSTRALIA
Fax +61 (08) 9361 8696*