



Listener Application Form

Name: _____

Address: _____

Telephone Home: _____ Mobile: _____ Work: _____

E-mail: _____

I would like to receive Wealden Talking News. I certify that I am unable to read newspapers because of sight impairment. I am registered blind/partially sighted/not registered. The edition I wish to receive is (please select):

“Heathfield” or “Crowborough&Uckfield” or “Hailsham&Polegate” or “Seaford&Newhaven”

Tape players can be provided to those unable to obtain their own. I do / do not need one.

Signature: _____

Send to: Wealden Talking News, 1-2 Bank Buildings, Cherwell Road, Heathfield. TN21 8JT
