

## Reading Group Scheme application

1. Group organiser's name and address for correspondence:

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

Position: \_\_\_\_\_

Organisation: \_\_\_\_\_

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

Post code: \_\_\_\_\_ Tel: \_\_\_\_\_

Email address (if you have one): \_\_\_\_\_

2. Number of copies required: \_\_\_\_\_

3. Order no. (if applicable): \_\_\_\_\_

4. Billing address (if different from above)

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

Organisation: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

We wish to apply to join Calibre Audio Library's Reading Groups Scheme, and undertake to borrow Calibre books exclusively for the use of print disabled people.

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

Position: \_\_\_\_\_

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

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

5. Please give details of the book you would like for your **first** meeting:

**1<sup>st</sup> choice:**        **Author**  
                              **Title**  
                              **Calibre catalogue number**

**2<sup>nd</sup> choice:**        **Author**  
                              **Title**  
                              **Calibre catalogue number**

6. Date first book is required: \_\_\_\_\_

Send this completed form to:

Calibre Audio Library

Aylesbury, Bucks HP22 5XQ

Tel: 01296 432 339

[enquiries@calibre.org.uk](mailto:enquiries@calibre.org.uk)

[www.calibre.org.uk](http://www.calibre.org.uk)