

MEMBERSHIP APPLICATION FORM

I would like to apply to become a member of Partick Housing Association and enclose £1.00 in payment of the membership fee.

Your completed application form will be presented at the first available Board meeting and if approved you will receive a certificate with your membership number. Your details will then be added to our members register. You will receive an invitation to our Annual General Meetings.

Please print in block capitals

Name		
Address		
Postcode		
Telephone	Home:	Mobile:
Email		
I confirm that I am 16 years old or older <input type="checkbox"/> <i>Please tick to confirm</i>		

I am *(please tick)*

- A tenant of Partick Housing Association
- A member of a tenant's household
- A resident living within Partick Housing Association areas of operation
- A shared ownership resident within Partick Housing Association area of operation
- A supporter of Partick Housing Association, living outside Partick's area of operation

Would you be interested in joining the Association's

Customer Advisory Panel (must be a Partick Housing Association Tenant) Yes No



DECLARATION:

I wish to become a Member of Partick Housing Association and will abide by its rules.

I confirm that I am not a member of any Housing Association or Organisation whose interest may conflict with those of Partick Housing Association. *(Please give details of any possible conflicts of interest)*

Details of any possible conflicts of interest:

Signed Date

Membership of Partick Housing Association will cease when a member:

- (a) Resigns by giving written notice to the Secretary.
(b) Becomes an employee of the Association.
(c) Is expelled in accordance with the Rules.
(d) Changes address, but does not notify the Association of their new address.
(e) Fails to attend five Annual General Meetings in a row and without submitting apologies.

FOR OFFICE USE ONLY

Date received in office:
Initials of staff member receiving:
Confirmation of £1 paid:
Proof of residence checked:
Date passed to Finance Department:
Date received by Corporate Services Assistant:
Date application considered by Board: Application: approved []
rejected []
Date entered in Register:
If approved, dated share certificate issued:
If rejected, dated reply issued with £1 refund:



EQUAL OPPORTUNITIES MONITORING FORM (Membership Application)

Partick Housing Association is committed to equal opportunities and fair access to its services regardless of race, colour, nationality (including citizenship), ethnic or national origins, religion, social background, disability, marital status, gender, age or sexual orientation.

To ensure we do not discriminate directly or indirectly we need to keep accurate records for all members and Board members. We would therefore ask you to please complete the following questionnaire to help us ensure that we are achieving our objectives and reaching all sections of the community.

All information is for monitoring purposes only and will be treated in the strictest confidence, in line with requirements of the Data Protection Act 2018. This form will be separated from your application form and held anonymously.

Gender : Female Male

Disability: Do you consider yourself to have a disability?
 Yes No

If yes, please your disability (e.g. visual, speech, hearing). This will help us facilitate your needs/requirements.

Ethnic Origin: Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

- | | | | |
|--|---|--------------------------------------|--------------------------------------|
| A White | B Mixed | C Asian or Asian British | D Black or Black British |
| <input type="checkbox"/> English | <input type="checkbox"/> Any mixed background | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Scottish | | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African |
| <input type="checkbox"/> Welsh | | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Irish | | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Other White | | | |
| E Chinese or other ethnic group | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Chinese | |

Any other ethnic group (please state) _____

Religion: I would describe my religious background/belief as: _____
 I have no religious beliefs I prefer not to say

Sexual Orientation:
 Bi-sexual Gay/Lesbian Heterosexual Transsexual Prefer not to say

Age: Please indicate your age group			
<input type="checkbox"/> 16 - 30	<input type="checkbox"/> 31 - 45	<input type="checkbox"/> 46 - 60	<input type="checkbox"/> 61 and over
Date form completed _____			