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**Membership Application Form Personal Details**

Title:

First Name:

Surname:

Address:

Postcode:

Home Telephone number

 Mobile Telephone number

E-mail address (if applicable)

Date of birth:

Are you:

A tenant of CDHA Yes 🞏 No 🞏

 Resident within our geographical area of operation Yes 🞏 No 🞏

A person interested in the work of the Association Yes 🞏 No 🞏

If so please state the nature of your interest

………………………………………………………………………………

………………………………………………………………………………

A professional person wishing to become involved Yes 🞏 No 🞏

If so please state the expertise you can bring to our Organisation

…………………………………………………………………………….

…………………………………………………………………………….

…………………………………………………………………………….

Are you related to a tenant of CDHA Yes 🞏 No 🞏

If so please provide details…………………………………………….

……………………………………………………………………………

Are you related to a Committee member of CDHA Yes 🞏 No 🞏

If so please provide details ……………………………………………..

……………………………………………………………………………...

Are you related to a member of staff of CDHA Yes 🞏 No 🞏

If so please provide details ……………………………………………..

………………………………………………………………………………

Are you involved either as staff or committee of another

Housing Association

 Yes 🞏 No 🞏

If so please state where……………………………………………

**Reasons for application**

Do you agree with the Association’s aims and objectives listed at the front of this application:

* Yes □ No

Please detail your reasons for wishing to become a member of the association, what skills you would bring to the organisation and what level of input you wish to have in the association.

I wish to apply for membership of the Association because:

As a member I wished to be involved in the following ways: (please tick all boxes which apply)

* Attend the Annual General Meeting
* Receive the Annual Report of the Association
* Become an elected member of the Management Committee
* Other, please specify

**Membership fee**

Please enclose £1 to cover the membership fee. This will be refunded in the event that the application is not successful.

Signed:

Print Name: Date:

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| **Equalities Monitoring Form** |
| The Association’s Equalities Policy aims to ensure that individuals are not discriminated against on the ground of gender, disability, race, colour, nationality, ethnic origin, religion, age, sexual orientation or any other ground that cannot be justified. In order to monitor the effectiveness of the policy, all persons applying for membership are asked to complete this form. The information contained within this section will only be used for the purposes of identifying the composition of our members and designing systems to ensure all members of the community are afforded the opportunity to be members of the Association.Statistical and anonymous reports are produced for monitoring purposes from the information contained in this document.Please complete all sections by placing a () in the box applying to you by providing information where appropriate. Please return this form with your application form. |
| **Section 1 – Gender**Male  Female  | **Section 2 – Age** |
| **16-25** | **26-30** | **31-40** | **41-50** | **51-60** | **Over 60** |
|  |  |  |  |  |  |
| **Section 3 – Disability**The Disability Discrimination Act 1995 makes employers, companies and service providers legally liable for discrimination against disabled people. Under this Act you are regarded as having a disability if you have a long term physical or mental impairment which **affects your ability carry out normal day to day activities**. Long term is defined as lasting 12 months or more.Disabled  Not Disabled  |

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| **Section 4 – Ethnic Group** |
| Individuals should determine with which of the under noted Scottish Census 2001 categories they most closely associate themselves having regard to their ethnic or cultural background. |
| **White**Scottish Irish English Welsh Any Other  | **Black**Caribbean African Any Other  | **Asian**Indian Pakistani  Bangladeshi  Chinese Any Other  | **Any Other Ethnic Background** |