

MEMBERSHIP APPLICATION FORM

# I would like to apply to become a member of [Calvay Housing Association and enclose £1.00 in](http://companyweb/directorate/Logos/wha_logo_hires_cmyk.jpg) payment of the membership fee.

*All applications for membership must be approved by the* [*Association’s Management Committee. When this*](http://companyweb/directorate/Logos/wha_logo_hires_cmyk.jpg) *application is approved, each new member is issued with a share certificate. Although the shares do not have a right of interest, dividend or bonus they can give you a powerful voice in the way in which the Association is controlled. All members can vote at the Annual General Meeting and are eligible to stand for election to the Management Committee.*

*Please print in block capitals*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Address |  | | | |
| Telephone | Home: |  |  | Mobile: |
| Email |  | | | |
| I confirm that I am 16 years old or older. | |  | *Please tick to confirm* |  |

I am (*please tick*)

A tenant of Calvay Housing Association 

A member of a tenant’s household 

A resident living within Calvay Housing Association areas of operation  A shared ownership resident within Calvay Housing Association area of operation  A supporter of Calvay Housing Association, living outside Calvay H.A. area of operation 

Please tell us briefly of any expertise you may have which would benefit the business of Calvay Housing Association.

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| --- |
| Would you be interested in joining the Association’s  Management Committee Yes  No   Customer Opinion / Scrutiny Panel Yes  No  *(must be a Calvay HA Tenant to join Customer Opinion / Scrutiny Panel)* |
|  |
| Brief details of all members (name, address etc.) are recorded in the Register of Members. A public copy of the Register, will be made available for inspection by any member and any other person with an interest in the Association. If you are not willing to have such information made available then your membership application cannot be accepted by the association. |

# DECLARATION:

I wish to become a Member of Calvay Housing Association and will abide by its rules and support its Aims and Objectives.

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

|  |
| --- |
| Details of any possible conflicts of interest: |

Signed……………………………………………………… Date:…………………………………..

Membership of Calvay Housing Association will cease when a member:

1. Resigns by giving written notice to the Secretary.
2. Becomes an employee of the Association.
3. Is expelled in accordance with the Rules.
4. Changes address, but does not notify the Association of their new address.
5. Fails to attend five Annual General Meetings in a row and without submitting apologies.

The £1 membership is not refundable on termination of membership.

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| --- |
| ***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, date share certificate issued …………………………………….  If rejected, date reply issued with £1.00 refund ……………………………………. |

# EQUAL OPPORTUNITIES MONITORING FORM (Membership Application)

Calvay 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 Management Committee 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 1998. 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 describe your disability (e.g. visual, speech, hearing). This will help us to facilitate your needs/requirements.

Please indicate any individual special requirements/equipment if attending our meetings.

# 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**

|  |  |  |  |
| --- | --- | --- | --- |
|  English |  Any mixed |  Indian |  Caribbean |
|  Scottish | background |  Pakistani |  African |
|  Welsh |  |  Bangladeshi |  Other black |
|  Irish |  |  Other Asian |  |
|  Other white |  |  |  |

**E Chinese or other ethnic group**  Prefer not to say  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.

 16 - 30  31 - 45  46 - 60  61 and over

Date form completed.