OAK TREE HOUSING ASSOCIATION LIMITED

**MEMBERSHIP APPLICATION FORM**

Please complete in ***BLOCK CAPITALS***

I, ……………………………………………………………... hereby apply to become a member of Oak Tree Housing Association Limited and enclose £1.00 for my Share Certificate. I confirm I am aged over 16.

**FULL NAME:** ………………………………………………………………………

**FLAT NUMBER:** ………………………………………………………………………

**STREET NO/NAME:** ………………………………………………………………………

**AREA:** ………………………………………………………………………

**TOWN:** ………………………………………………………………………

**TELEPHONE:** ………………………………………………………………………

**EMAIL** ………………………………………………………………………

**Date:** ………………………………………………………………………

**Signature:** ………………………………………………………………………

In signing this membership form I understand and agree that my name and other necessary particulars will be included in a public register, which is kept according to the rules of Oak Tree Housing Association Ltd.

**EQUAL OPPORTUNITIES MONITORING**

It would greatly assist our monitoring of equalities if you would complete and return the information below. This will assist us when reviewing our membership information and help us to ensure that all members are dealt with fairly and without discrimination in terms of our Equal Opportunity & Diversity Policy. **If you do not wish to answer the questions your application will not be affected**.

**Ethnic Origin:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(i) White** | **(ii) Mixed or multiple ethnic background** | **(iii) Asian, Asian Scottish, Asian British** | **(iv) Black, Black Scottish, Black British** | **(v) Other ethnic background** |
| [ ]  Scottish | [ ]   | [ ]  Indian | [ ]  Caribbean | [ ]  Arab, Arab Scottish, Arab British |
| [ ]  Other British |  | [ ]  Pakistani | [ ]  African |
| [ ]  Irish |  | [ ]  Bangladeshi | [ ]  Any other black background |
| [ ]  Gypsy/Traveller |  | [ ]  Chinese | [ ]  Any other group |
|  | [ ]  Any other Asian background |  |
| [ ]  Polish |  |  |  |
| [ ]  Any other white background |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Disability ~ Do you consider yourself to have a disability?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No |  |

If “Yes”, please state the nature of your disability:

**Are you:-**

|  |  |  |
| --- | --- | --- |
| [ ]  Tenant | [ ]  Owner | [ ]  Sharing Owner |
| [ ]  Male | [ ]  Female |  |

**Data Protection:-**

Oak Tree Housing Association regards privacy as important and any personal information given to us will be used in accordance with the Data Protection Act 2018. Any information provided will only be used for the reasons specified, and it will not be shared with any third party without consent unless required by law.

Please return to:

**The Secretary, Oak Tree Housing Association Ltd, 40 West Stewart Street, Greenock, PA15 1SH**

For Office Use Only:

Date Membership Approved …………………………. Records Updated [ ]

Date £1 Received & passed over for Banking ……………………………..