

# MEMBERSHIP APPLICATION FORM



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

*All applications for membership must be approved by the Association's Management Committee. When this 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. <input type="checkbox"/> <i>Please tick to confirm</i>		

I am (*please tick*)

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

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

Would you be interested in joining the Association's

- Management Committee Yes  No
- Customer Opinion Panel (*must be a Wellhouse Housing Association Tenant*) Yes  No

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. Please confirm your consent to this information being provided should it be requested.

I consent  I do not consent

**DECLARATION:**

I wish to become a Member of Wellhouse 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 Wellhouse Housing Association. ***(Please give details below of any possible conflicts of interest)***

Details of any possible conflicts of interest:

Signed.....

Date:.....

Membership of Wellhouse 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.

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

**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)

Wellhouse 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.

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

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

**A White**

- English
- Scottish
- Welsh
- Irish
- Other white

**B Mixed**

- Any mixed background

**C Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other Asian

**D Black or Black British**

- Caribbean
- African
- Other black

**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. \_\_\_\_\_