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| MEMBERSHIP APPLICATION FORM  |
| I wish to become a member of Glasgow West Housing Association Limited (GWHA) and I enclose £1.00 for my Share Certificate □ |
| I am over 16 years of age □ |
| Name |  | Title | Mr/Mrs/Miss/Ms |
| **Address** | Flat No |  | Tel |  |
| **Postcode** |  | **Mob** |  |
| Date of Birth |  | Age |  | **Email** |  |
| **Occupation/Profession** Current Employer |
|  |
| **Please tick which category applies to you**  |
| A. Tenant of the Association □ |
| B. Owner receiving a factoring service from GWHA □ |
| B. Other residents in GWHA area of operation □ |
| C. Others □*(You will be required to attend an interview with the Membership Panel. The panel must be satisfied that your reasons for applying are consistent with the objectives of GWHA membership Policy)* |
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| Are you or have you ever been a member of another Housing Association? Yes□ No□If yes please state which one:- |
| Are you related to any staff member or committee member of GWHA? Yes□ No□If yes, who:- |
| Have you ever been employed by GWHA. If so, when? Yes□ No□ |
| Why do you wish to join GWHA?  |
| Are you interested in finding out more about GWHA? Yes□ No□ |
| Would you be interested in becoming a member of the Management Committee? Yes□ No□ |
| Please tick which method of communication is your preference. Email Letter Fax Text OtherOther relevant information: |

Signature………………………………………………… Date…………………………

Please ensure all sections are completed and return form to: Glasgow West Housing Association Limited, 5 Royal Crescent, Glasgow, G3 7SL with your £1.00.

 OFFICIAL USE ONLY

 Source of application

 Sign up/AGM/ATC/other

Cat A Verified by

Cat B Verified by

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