

APPLICATION FOR MEMBERSHIP

I would like to become a member of Whiteinch & Scotstoun Housing Association Limited and I herewith enclose by share fee of £1.00.

Full Name (Mr/Mrs/Miss etc.)
Address
Tel. No Date of Birth
Occupation
Please tick box if you would like further information about serving on the Management Committee
Please indicate below whether you are an owner-occupier or live in rented accommodation. (Tick one box.)
Owner
We have recently published a new Privacy Notice to give you more information on the data we hold on you, what we do with that data, who we share your data with and your new rights under GDPR (General Data Protection Regulations). Our updated Privacy Notice is now on our website alternatively we can send you a copy if requested.
Signature
Date

Answering the following questions will neither benefit nor disadvantage your application. Their purpose is to ensure that no one is being discriminated against on grounds of gender, race or the fact that they are disabled.

In each case, please tick one box only.

1.	Are you								
	Male	đ	Fem	ale		Prefer not	to say		
2.	Do you consider yourself to be disabled?								
	Yes		No (3	Prefer i	not to say	đ		
3.	To whic	h one of	these (ethnic	groups	do you fee	el you b	elong	
	Group								
	Black – A Black – O Indian Pakistan Banglad Chinese Other As	Other (ple	ase de	escribe)					
Thank	you for p	providing t	his info	ormatio	n.				
Please	e return y	our form t	:0:						
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A Recognised Scottish Charity No. SC035633