

MEMBERSHIP APPLICATION FORM



Membership

Langstane Housing Association is run by a voluntary Board of Management which makes the overall policy decisions for the organisation. There are staff employed to do the day-to-day work.

The volunteers who make up the Board of Management come from Langstane's membership. All tenants of Langstane and anyone who lives or works in our area of operation can become a member of the Association.

For £1 you can buy a membership share in Langstane. If you become a member, you have the following rights:

- To stand for election to the Board of Management; and
- Attend all general meetings; and
- To vote in the election of the Board of Management

This allows you to have a say in the running of Langstane. If you want to become a member, please complete and return this application form.

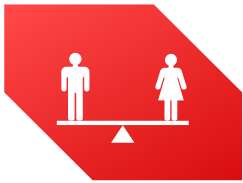


Membership Application Form

Title	<input type="text"/>	Full Name	<input type="text"/>
Full Address	<input type="text"/>		
Postcode	<input type="text"/>	Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>
Are you a Langstane tenant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tenancy type	<input type="checkbox"/> Owner Occupier <input type="checkbox"/> Council Tenant <input type="checkbox"/> Other
Briefly detail the reason for applying for membership of the Association	<input type="text"/>		

If accepted as a member, I agree that my name, address and other contact details will be held in the Register of Members. Any member or person having a financial interest in the Association, can inspect their account at any reasonable time.

Signed



Equality monitoring form

The following information will be used only for statistical purposes to make sure we are complying with our Equality and Diversity Policy.

You do not have to complete this section.

Please tick the band for your age

16 - 24 25 - 34 35 - 44

45 - 54 55 - 65 65+

Prefer not to say

Belief or Religion

Buddhism Other Sikhism

Christianity Hinduism No belief

Catholic Islam Prefer not to say

Protestant Judaism Other

Disability

Are you a disabled person? Yes No

If yes, please tick the box which category you would use from the following list:

Autoimmune: (for example, multiple sclerosis, HIV, crohn's/ulcerative colitis) Physical impairment: (wheelchair-user)

Learning difficulties: (for e.g. Down's Syndrome) Sensory impairment: (hearing impairment)

Mental health issue: (for e.g. depression, bi-polar) Sensory impairment: (visual impairment)

Neuro-divergent condition: (for e.g. autistic spectrum, dyslexia, dyspraxia) Prefer not to say :

Other:

Ethnicity

African

African, African Scottish or African British

Other African background (please specify)

Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other Caribbean or Black background (please specify)

White

English Roma

Gypsy Traveller Scottish

Irish Welsh

Polish

Asian, Scottish Asian or British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Indian, Indian Scottish or Indian British

Pakistani, Pakistani Scottish or Pakistani British

Chinese, Chinese Scottish or Chinese British

Other Asian background (please specify)

Mixed groups

Mixed or multiple ethnic group (please specify)

Sex

Female Male Intersex

Sexual Orientation

Bisexual Lesbian/gay woman

Gay man Other

Heterosexual/straight Prefer not to say

General

Please mark this box if there are any issues that you want to discuss with us in confidence

Signed

Date