

Clyde Valley Housing Association Membership Application Form

I wish to become a member of Clyde Valley Housing Association and enclose £1.00 membership fee for a lifetime share.

PLEASE PRINT IN BLOCK CAPITALS

1.	Name:			
2.	Address:			
3.	Email address:			
4.	Date of Birth:			
5.	Occupation:			
6.	Place of Work			
7.	I am over the Age of 18	Yes		No
8.	I am a tenant of Clyde Valley Housing Association	Yes		No
9.	I Have Applied to Clyde Valley Housing Association for a House.	Yes		No
10.	Please briefly tell us why you wish to be a member of Clyde Valley Housing.			
11.	Please briefly tell us of any expertise you may have which would benefit the business of the organisation.			
12.	Please tell us if you would be interested in joining the Board of Management should vacancies arise.			
Signed:				Date:

Please Return Form To:

Lisa Hughes
Clyde Valley Housing Association Ltd
50 Scott Street
Motherwell
ML1 1PN

(T) 01698 268855
(E) lisa.hughes@cvha.org.uk

(The information below is used for statistical purposes only.)

Ethnic Group (Please tick ✓ appropriate box)

EUROPEAN						
	Scottish	Irish	Other British	Gypsy Traveller	Polish	Other white ethnic
Mixed or Multiple ethnic background						
ASIAN						
	Pakistani	Scottish Pakistani	British Pakistani			
	Indian	Scottish Indian	British Indian			
	Bangladeshi	Scottish Bangladeshi	Bangladeshi British			
	Chinese	Chinese Scottish	Chinese British			
Other Asian background						
AFRICAN						
	African	Scottish African	British African			
Other African background						
CARIBBEAN OR BLACK						
	Caribbean	Scottish Caribbean	British Caribbean			
	Black	Black Scottish	Black British			
Other Caribbean or Black Background						
OTHER ETHNIC						
	Arab	Scottish Arab	British Arab			
Other Ethnic background						
Non-disclosed						

Religion				
Buddhist	Roman Catholic	Church of Scotland	Muslim	Jewish
Hindu	Other Christian	Sikh	Another religion	No religion
Non-disclosed				

Please show your sexual orientation, including gender by ticking one of the boxes below

Sexual Orientation

What is your sexual orientation? (Please tick ✓ appropriate box)

Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Non-disclosed	<input type="checkbox"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Signed: Date: