

**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.	Date of Birth:				
4.	Occupation:				
5.	Place of Work				
6.	I Am Over The Age of 18	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.	I am a tenant of Clyde Valley Housing Association	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.	I Have Applied to Clyde Valley Housing Association for a House.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.	Please briefly tell us why you wish to be a member of Clyde Valley Housing.				
10.	Please briefly tell us of any expertise you may have which would benefit the business of the organisation.				
11.	Please tell us if you would be interested in joining the Board of Management should vacancies arise.				
Signed:				Date:	

*Please Return Form To:*

Nareen Owens  
Clyde Valley Housing Association Ltd  
50 Scott Street  
Motherwell  
ML1 1PN

(T) 01698 328240  
(E) Nareen.owens@cvha.org.uk

**Clyde Valley Housing Association Ltd**  
**Equalities Declaration**

Clyde Valley Housing Association has an Equalities Policy which aims to ensure that access to membership is open to all sections of the community we serve and we are committed to equality of opportunity for all people irrespective of their gender, marital status, family circumstances, disability, race, ethnic or national origins, age, religion, political or sexual orientation.

The membership application and approval process is monitored to ensure that unfair discrimination is not taking place. We would therefore like you to complete this monitoring form.

This information will not be used as part of the application approval process.

Race & Ethnic Origin	Sex	Age	Date of Birth
Asian	Male	<input type="text"/>	<input type="text"/>
Caribbean	Female	<input type="text"/>	<input type="text"/>
African			
British/European			
Other			
Combination Of Above			
Black			
White			
Other			

**Disability**

The word 'disability' is used to include people with obvious and invisible disabilities, e.g. those with epilepsy, diabetes, sickle cell anaemia, etc.

Are you disabled?	Yes	No	
If yes, please give details.			
Are you registered disabled?	Yes	No	
If yes, please give registration number.			
Name		Date	

The purpose of completing the equal opportunities form is for monitoring purposes only. This information will not be submitted with membership application form when your application is being considered by the Board. It will be held in a confidential file.