

APPLICATION FOR MEMBERSHIP

requested.

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.) Rented Accommodation R Owner R 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

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.

Are you						
Male	đ	Fe	male	đ	Prefer not to say	٥
Do you	consider	your	self to I	oe disab	oled?	
Yes		No		Prefer	not to say 🗇	
To whic	h one of	these	e ethnic	groups	do you feel you k	elong:
Group						
White						
Black – Caribbean Black – African Black – Other (please describe)						
)		
Indian						
Pakistani						
	Male Do you Yes To whic Group White Black – 0 Black – 0 Indian	Do you consider Yes To which one of Group White Black – Caribbear Black – African Black – Other (ple Indian	Male Fe Male Fe Do you consider your Yes No To which one of these Group White Black – Caribbean Black – African Black – Other (please of Indian)	Male Female Female Do you consider yourself to I Yes No To which one of these ethnic Group White Black – Caribbean Black – African Black – Other (please describe Indian	Male Female Male Female Do you consider yourself to be disate Yes No Prefer To which one of these ethnic groups Group White Black - Caribbean Black - African Black - Other (please describe) Indian	Male Female Prefer not to say Do you consider yourself to be disabled? Yes No Prefer not to say To which one of these ethnic groups do you feel you to group Group White Black - Caribbean Black - African Black - African Black - Other (please describe) Indian

Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian	
Other (please describe)	

Thank you for providing this information.

Please return your form to:

Whiteinch & Scotstoun Housing Association Limited The Whiteinch Centre 1 Northinch Court Glasgow G14 0UG Tel: 0141 959 2552 Fax 0141 950 4432

A Recognised Scottish Charity No. SC035633