

APPLICATION FOR MEMBERSHIP

Mr / Mrs / Miss / Ms: (surname) _____ (first name) _____

Address: _____

Occupation: _____

Employer: _____

If retired or unemployed please give details of former employer:

Are you a tenant of the Association? Yes: No: Date of Birth: / /

The Association has a policy on equal opportunities. The following information will be used to monitor the effectiveness of this policy and will be treated as strictly confidential. (Please tick appropriate box).

Gender/Economic Status: Female: Male:

Are you currently: Employed: Retired: Unemployed: Other:

Ethnic Origin: How would you describe your ethnic origin?

White	Mixed	Asian, Asian Scottish or Asian British	Black, Black Scottish or Black British
Scottish <input type="checkbox"/>	Mixed <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Other British <input type="checkbox"/>		Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Irish <input type="checkbox"/>		Bangladeshi <input type="checkbox"/>	Any other Black Background <input type="checkbox"/>
Any other White Background <input type="checkbox"/>		Chinese <input type="checkbox"/>	Any other Ethnic Background <input type="checkbox"/>
		Any other Asian Background <input type="checkbox"/>	Unknown <input type="checkbox"/>

People affected by disabilities: Do you consider yourself to have a disability? Yes: No:

DECLARATION

The Secretary, Port of Leith Housing Association Limited,
108 Constitution Street, Leith, Edinburgh, EH6 6AZ

I hereby apply for membership of the Port of Leith Housing Association Limited and enclose £1.00 as payment for one share. I warrant that the information given above is true and correct and understand that the membership fee will be refunded to me if, for any reason, my application is not accepted.

Signed _____

Date _____

FOR OFFICIAL USE ONLY

Received: _____

Ack: _____

By: _____

Fee: _____

App: _____