

# Tollcross Housing Association Membership Application Form



As a community based organisation we recognise the benefits of having a wide-ranging membership from the community and especially from our own tenants. We will actively encourage membership from our existing tenants, new tenants and other customers.

If you would like to become a member of Tollcross Housing Association, please complete and return the application outlined below.

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## I wish to become a member of Tollcross Housing Association Limited. I confirm the following (Please tick ✓):

I am the tenant, or joint tenant of a Tollcross Housing Association property, or

I am a member of a tenant, or joint tenant's household aged over 16 years of age, or

I am a resident with an interest in the Tollcross area, aged over 16 years of age, or

I am an individual with particular skills or experience detailed below

Occupation and details of relevant skills or experience:

I enclose £1.00 for my Share Certificate. In signing this membership form, I understand and agree that my details will be recorded in a public Register, which is kept according to the Rules of Tollcross Housing Association.

<b>Mr/Miss/Mrs/Ms*</b> (please delete)	<b>First Name</b>		<b>Surname</b>	
<b>Full Address</b>		<b>Flat position</b> (if applicable)		<b>Postcode</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Please return to: The Secretary  
Tollcross Housing Association Limited  
868 Tollcross Road, Tollcross, G32 8PF

# Tollcross Housing Association Membership Application Form



This form is for statistical purposes only. This data will be kept separate from your file to maintain anonymity.

How would you describe your ethnic origin? <b>(Please tick below)</b>							
White		Asian, Asian Scottish or Asian British		Black, Black Scottish or Black British		Other Ethnic Background	
White Scottish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Other British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Arab Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>	Arab British	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>			Any Other Group	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>				
Any Other White Background	<input type="checkbox"/>						
Mixed or Multiple Ethnic Background	<input type="checkbox"/>						

**Marital Status** - Please tick the option that best relates to you

Single  Married  Divorced  Separated   
 Civil Partnership  Co-habiting  Widow/Widower

**Gender**

Male  Female  Gender Reassignment

**Age** - Please tick the age group that best relates to you

16 – 24  35 - 44  55 - 64  75 +   
 25 - 34  45 - 54  65 - 74

**Religion and Belief** - Please tick the option that best relates to you

Roman Catholic  Muslim  Church of Scotland   
 Athiest/Agnostic (please delete)  Other (please specify)

**Sexual Orientation**

Bi-sexual  Heterosexual  Homosexual  Lesbian

**Do you consider yourself to have a disability? YES/NO** If yes, please give details (refer to the definitions below)

**DISABILITY DEFINITION**

**Under the Equality Act 2010, a person has a disability if:**

- They have a physical or mental impairment
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

**For the purposes of the Act, these words have the following meanings:**

- **Substantial** means more than minor or trivial.
- **Long-term** means that the effect of the impairment has lasted or is likely to last for at least twelve months.
- **Normal day-to-day activities** include everyday things like eating, washing, walking and going shopping.