



Membership Application

Before completing this form please study the enclosed Membership Leaflet. **Please type or print using black ink.**

First Name

Surname

Date of Birth / /

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>

Have you been resident at the above address for the last 3 years? Yes No

If no, please give details of your previous address:

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Dates you lived there from / / To / /

Contact Tel No. Day: Evening:

I have read the aims and objectives of the Partnership and am in full agreement with them. I therefore enclose a cheque/postal order for £1.00 being my share subscription, and apply for membership.

Signed

Date / /

When completed please return this form to the Partnership's office:
Hebridean Housing Partnership Ltd, Creed Court, Gleann Seileach Business Park,
Willowglen Road, Stornoway, Isle of Lewis, HS1 2EP

Data Protection Act 1998 - The information you give us on this form will be placed on the Hebridean Housing Partnerships Register of Members. A copy of the list of Members can be viewed at the Partnerships Registered office.

We would appreciate it if you would take the time to complete the questions overleaf:

Other Useful Information

The Partnership are interested in attracting members from all the groups and communities that they serve and we will not adversely discriminate on the grounds of race, colour, sex, religion or other factors and would therefore be pleased if you could complete these optional questions about yourself:

1. What would you like to get out of membership of the Partnership?

2. Are you currently employed? If so, perhaps you might like to tell us a little about what you do?

3. It would be of interest to know of any particular abilities you may have that the Partnership might benefit from occasionally in furtherance of its aims.

Thank you for taking the time to complete this form



hebridean housing
partnership

Equal Opportunities Monitoring Form

In order to monitor our Policy and for that reason only it would be helpful if you could answer the following question. Please tick which of the following apply:

Male

Female

How would you describe your ethnic origin?

White Scottish	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
White other British	<input type="checkbox"/>	Black other	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
White other background	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Refuse to answer	<input type="checkbox"/>

Other - Please specify

Please enter the date that you completed this form