

Membership Leaflet

Who can become a member?

Anyone who is aged 16 or over may apply to become a member.

How much does membership cost?

Membership, also known as buying a share of the Association, costs £1.00 for lifetime membership.

What are the benefits of membership?

Being a member of Clydesdale Housing Association entitles you to be involved in the Association's activities and have a say in how we run our business.

You will:

- Be invited to our Annual General Meeting (AGM) which is held in September each year.
- Be invited to any Special General Meeting.
- Be able to vote at our AGM on:
 - The appointment of the auditor
 - Any changes to the Association's rules
 - Election of the Management Committee members
 - Other matter which may require a vote
- Be able to stand for election to become a member of our Management Committee. To do this another member of the Association must nominate you.
- Be able to formally raise matters of general concern at our AGM when the Management Committee members are present, and informally discuss those issues raised after the formal business of the AGM is closed.
- Receive copies of the Association's Annual Report

Who decides if my application for membership is accepted?

Whilst it is the Association's intention to encourage membership, the Management Committee has absolute discretion in deciding on applications for membership.

What happens when my membership application is approved?

You will receive a Share Certificate and a copy of the Association's Rules. Furthermore, your name will be added to the Register of Members.

What happens if I am not accepted?

In the unusual event of an application being unsuccessful, the reasons for refusal will be given to you in writing within 7 working days. You will have one further opportunity to appeal against the original decision and give reasons why the decision should be changed. The Management Committee will consider your appeal at the next meeting, and their decision on that occasion will be final.

Can my Membership be cancelled?

In line with the Association's Rules, your membership can cease when:

- You resign by giving written notice to the Secretary
- You become an employee of the Association
- For five annual general meetings in a row you have not attended, submitted apologies, exercised a postal vote or appointed a representative to attend and vote on your behalf by proxy
- You are expelled in accordance with the Association's Rules
- You change address but you do not inform the Association of your new address within 3 months, unless your new address is also a property of the Association
- You die

The £1 membership fee is not refundable on termination of your membership.

How do I apply for membership?

Simply complete the Membership Application Form and return it to our office along with your £1 membership fee.

General Data Protection Regulations

The Association will treat all personal data in line with our obligations under the current General Data Protection Regulations and our own Data Protection Policy.

Information regarding how your data will be used and the basis for processing your data is provided within our employee and tenant Fair Processing Notices.

Membership Application Form

| | | | |
|--------------------------|--|------------------|--|
| Applicant's Name: | | | |
| Home Address: | | | |
| | | Postcode: | |
| Date of Birth: | | Tel. No.: | |
| Mobile No: | | Email: | |

Please provide details of your connection with Clydesdale Housing Association and the community we operate within:

- Tenant
 Sharing Owner
 Housing Applicant
 Factored Owner
 I work in the area
 I live in the area
 Other (please provide details): _____

What are your reasons for wishing to join Clydesdale Housing Association?

Declaration

I wish the Management Committee to consider my application for Membership of Clydesdale Housing Association. I confirm that:

- I support the Objects of Clydesdale Housing Association.
- I will serve the best interests of Clydesdale Housing Association, its tenants and service users.
- I know of no reason why my Membership of Clydesdale Housing Association would be contrary to its Rules.
- I know of no conflict of interest concerning me that would adversely affect the work or reputation of Clydesdale Housing Association.
- I enclose my £1.00 payment in respect of my Share Subscription.

Signed: **Date:**

Please also complete the Equal Opportunities form attached and return both forms to us at: Clydesdale Housing Association Ltd, CHA Community Hub, 39 North Vennel, LANARK ML11 7PT. Phone – 0808 175 6288

E-Mail – mail@clydesdale-housing.org.uk

Membership Application Monitoring Form

The Data Protection Act 2018 has specific provisions for how an organisation can handle 'special category' personal data. 'Special Category' data includes sensitive personal data about a person's race, ethnic origins, religious belief, health or sexual orientation. We collect this kind of data in relation to your membership application for monitoring purposes only and we do not share this kind of information with any third parties. We need your explicit consent to collect and process this kind of data.

I consent to Clydesdale Housing Association collecting and processing my selected special category data below for monitoring purposes: *Please tick to confirm consent*

Age

| | | | | |
|---|-------|--------------------------|-------|--------------------------|
| What is your age? | | | | |
| Prefer not to say | | | | |
| Please tick the band for your age: | 16–24 | <input type="checkbox"/> | 25–34 | <input type="checkbox"/> |
| | 35–44 | <input type="checkbox"/> | 45–54 | <input type="checkbox"/> |
| | 55–65 | <input type="checkbox"/> | 65+ | <input type="checkbox"/> |
| Prefer not to say | | <input type="checkbox"/> | | |

Belief or religion

Please tick the box which best describes your belief or religion from the list below?

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Buddhism: | | | | <input type="checkbox"/> |
| Christianity | | | | <input type="checkbox"/> |
| Catholic: | <input type="checkbox"/> | Protestant: | <input type="checkbox"/> | Other: |
| Hinduism: | | | | <input type="checkbox"/> |
| Islam: | | | | <input type="checkbox"/> |
| Judaism: | | | | <input type="checkbox"/> |
| Sikhism: | | | | <input type="checkbox"/> |
| Other religion (please state what this is): | | <input type="checkbox"/> | | |
| No specific belief in religion (for example, atheism or agnosticism): | | | | <input type="checkbox"/> |
| Other belief (for example, humanism): | | | | <input type="checkbox"/> |
| Prefer not to say | | | | <input type="checkbox"/> |

Disability

| | | | | |
|----------------------------|-----|--------------------------|----|--------------------------|
| Are you a disabled person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------------------|-----|--------------------------|----|--------------------------|

If yes, please tick the box which category you would use from the following list:

| | |
|--|--------------------------|
| Autoimmune: (for example, multiple sclerosis, HIV, Crohn's/ulcerative colitis) | <input type="checkbox"/> |
| Learning difficulties: (for example, Down's Syndrome) | <input type="checkbox"/> |
| Mental health issue: (for example, depression, bi-polar) | <input type="checkbox"/> |
| Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia) | <input type="checkbox"/> |
| Physical impairment: (for example, wheelchair-user, cerebral palsy) | <input type="checkbox"/> |
| Sensory impairment: (hearing impairment) | <input type="checkbox"/> |
| Sensory impairment: (visual impairment) | <input type="checkbox"/> |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Ethnicity

Please tick the box that best describes your particular group.

African

| | |
|---|--------------------------|
| African, African Scottish or African British: | <input type="checkbox"/> |
| Other African background (please specify): | <input type="checkbox"/> |

Asian, Scottish Asian or British

| | |
|---|--------------------------|
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British: | <input type="checkbox"/> |
| Indian, Indian Scottish or Indian British: | <input type="checkbox"/> |
| Pakistani, Pakistani Scottish or Pakistani British: | <input type="checkbox"/> |
| Chinese, Chinese Scottish or Chinese British: | <input type="checkbox"/> |
| Other Asian background (please specify): | <input type="checkbox"/> |

Black or Caribbean

| | |
|--|--|
| Caribbean, Caribbean Scottish or Caribbean British | |
| Black, Black Scottish or Black British | |
| Other Caribbean or Black background (please specify) | |

Mixed groups

| | |
|---|--|
| Mixed or multiple ethnic group (please specify) | |
|---|--|

White

| | |
|-----------------|--|
| English | |
| Gypsy Traveller | |
| Irish | |
| Polish | |
| Roma | |
| Scottish | |
| Welsh | |
| Other British | |

| | | | | |
|----------------------------------|-----|--|----|--|
| Other group: | Yes | | No | |
| Please specify your ethnic group | | | | |

| | |
|--------------------|--|
| Prefer not to say: | |
|--------------------|--|

Marriage and civil partnership

| | | | | |
|---|-----|--|----|--|
| Are you presently in a civil partnership? | Yes | | No | |
| Are you presently married? | Yes | | No | |
| Prefer not to say | | | | |

Pregnancy and maternity

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you pregnant? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you taken maternity or paternity leave in the past year? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | | | | <input type="checkbox"/> |

Sex

| | | | | | | |
|-------------------|--------|--------------------------|------|--------------------------|----------|--------------------------|
| What is your sex? | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> | Intersex | <input type="checkbox"/> |
| Prefer not to say | | | | | | <input type="checkbox"/> |

Gender re-assignment (trans/transgender)

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you consider yourself to be a trans person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | | | | <input type="checkbox"/> |

Sexual orientation

What is your sexual orientation?

| | |
|-----------------------|--------------------------|
| Bisexual | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> |
| Heterosexual/straight | <input type="checkbox"/> |
| Lesbian/gay woman | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Particular Requirements

If you have any particular requirements relating to any of the questions you have answered, and would like to discuss further in confidence, please contact us at:

Clydesdale Housing Association Ltd,
39 North Vennel,
Lanark
ML11 7PT

Telephone: 01555 665316

Email: mail@clydesdale-housing.org.uk

Website: <http://www.clydesdale-housing.org.uk>

Facebook: www.facebook.com/ClydesdaleHousingAssociation