

## SHAREHOLDING MEMBERSHIP APPLICATION FORM

I would like to apply to become a shareholding member of Dalmuir Park Housing Association <sup>1</sup>and include payment of the £1.00 membership fee.

*Please print in block capitals*

Name		
Address		
Telephone	Home:	Mobile:
Email		
I confirm that I am 16 years old or older. <input type="checkbox"/> <i>Please tick to confirm</i>		

I am a (*please tick*)

- Tenant of DPHA Housing Association
- Member of a tenant's household
- Resident living within DPHA Housing Association areas of operation
- Shared ownership resident within DPHA Housing Association area of operation
- Supporter of DPHA Housing Association, living outside DPHA area of operation

Please tell us briefly why you are applying for membership?

Would you be interested in joining the Association's:

Management Committee Yes  No

Brief details of all shareholding members (name, address etc.) are recorded in the Register of Members. A public copy of the Register will be made available for inspection by any member and any other person with an interest in the Association. Please confirm your consent to this information being provided should it be requested.

I consent  I do not consent

<sup>1</sup> Once your application has been approved by our Management Committee, you will be issued with a share certificate. This does not give a right of interest, dividend or bonus, but can give you a say in the way in which the Association is controlled. All shareholding members can vote at the Annual General Meeting and are eligible to stand for election to the Management Committee.

**DECLARATION:**

I wish to become a Member of DPHA and will abide by its Rules and support its aims and objectives.

I confirm that I am not a member of any other housing association or organisation whose interest may conflict with those of DPHA. Yes  No

Are you related to any committee member or employee of DPHA or anyone who has been employed as a staff member or has been engaged as a supplier, consultant or contractor in the last 12 months Yes  No

**Details of any possible conflicts of interest**

Signed.....

Date:.....

Membership of DPHA will cease when a member:

- Resigns by giving written notice to the Secretary.
- Becomes an employee of the Association.
- Is expelled in accordance with the Rules.
- Changes address, without notifying the Association of their new address.
- Fails to attend five AGM's in a row and without submitting apologies.

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

**FOR OFFICE USE ONLY**

Date received in office:	.....	
Initials of staff member receiving:	.....	
Confirmation of £1 paid:	.....	
Proof of residence checked:	.....	
Date passed to Finance Team:	.....	
Date received by Corporate Services:	.....	
Date application considered by MC:	.....	Application: <i>approved</i> <input type="checkbox"/> <i>rejected</i> <input type="checkbox"/>
Date entered in Register	.....	
If approved, date share certificate issued	.....	
If rejected, date reply issued with £1.00 refund	.....	