

## APPLICATION FOR MEMBERSHIP

**FULL NAME:** .....

**ADDRESS** .....

..... **POSTCODE** .....

**Telephone:** .....

(please ✓)

Are you a tenant of this Association?      **Yes**       **No**

Are you aged eighteen or over?      **Yes**       **No**

Have you any interest in an activity which does  
business with the Association?      **Yes**       **No**

Are you related to any member of staff?      **Yes**       **No**

Please state why you wish to become a member of the Association

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.....

**I enclose £1.00 for a share should my application be successful**

**Signed** .....      **Date** .....

**Please return to:**  
Maureen Dick  
Executive Assistant  
Cairn Housing Association  
22 York Place  
EDINBURGH  
EH1 3EP

For Office Use Only

Date Application Received:  
Reg. Number:  
Date Certificate sent to Member:

Share Certificate Number:  
Ratified and Sealed by Committee on:  
Application processed by: