Application for Membership

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| --- |
| **Personal Details** |
| Name: |
| Address: |
| Phone number: |
| Email Address: |

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| **Application Details** |
| □ Are you a Cairn tenant? |
| □ Are you aged 16 years or over? |
| □ Do you have any interests in anyone who does business with Cairn? |
| □ Are you related to a member of staff? |
| Why would you like to become a member of Cairn? |

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| **Declaration** |
| I enclose £1 for my share should my application be successful. |
| **Signature:** | **Date:** |

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| For Office Use Only |
| Date received |  |
| Reg. number |  |
| Date certificate sent |  |
| Share certificate no. |  |
| Ratified by Committee on |  |
| Application processed by |  |

Carolyn Owens

Governance Services Manager

Cairn Housing Association

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