



Why Not Become a Member of Craigdale?

Life Membership costs just £1 and entitles you to vote on major issues affecting the Association, attend the Annual General Meeting and receive a copy of the Association's Annual Report

(applicants must be at least 16 years of age)

Membership is open to:

- All Craigdale Tenants
- Other people with an interest in community and housing issues
- Organisations with an interest in community and housing issues
- All people who use Craigdale's Services

How Do You Join?

Just complete the reverse of this leaflet and return it to:

**The Secretary, Craigdale Housing Association, 83-85 Dougrie Road,
Castlemilk, Glasgow, G45 9NS**

along with your £1 membership fee.

For further information please visit our website at

www.craigdaleha.co.uk





Return this leaflet with your £1 to:
 The Secretary, Craigdale Housing Association, 83-85 Dougrie Road, Castlemilk, Glasgow, G45 9NS.
 You will receive confirmation of your membership.



If you require assistance completing this form you can visit or phone Craigdale's Office.

Application for £1.00 for life membership

Full Name:	
Address:	
Post Code:	Date of Birth:
Tel No:	E-mail:

- Please tick if you are a Craigdale tenant
- Please tick if you are a Craigdale service user
- Please tick if you have an interest in community and housing
- Please tick if application is from an organisation

What is the name of the organisation?.....

By signing this form you agree to support the aims and objectives and agree to abide by the Rules and Regulations of Craigdale Housing Association

(Craigdale's Rules can be viewed on the website www.craigdaleha.co.uk or alternatively please contact our office to obtain a copy)

Signed

Dated

How would you describe your ethnic origin?		
Black African <input type="checkbox"/>	Scottish <input type="checkbox"/>	Chinese <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	English <input type="checkbox"/>	Indian <input type="checkbox"/>
Black other (please specify) <input type="checkbox"/>	Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Middle Eastern (please specify) <input type="checkbox"/>	Welsh <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Mixed Race (please specify) <input type="checkbox"/>	White Other (please specify) <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

Do you consider yourself to have a disability?		
Physical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Learning Disability <input type="checkbox"/>
Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>