

Shareholding Application Form



Full Name:
Telephone:
Email:
Address:
.....

Tenant: Y/N
Sharing Owner: Y/N
Other (if applicable, please detail):

I wish to make payment via:		Account Name: AHS MAIN ACC
Cash (deliver to the office)	☐	Account Number: 00100017
Bank Transfer	☐	Sort Code: 83-23-08

I wish to apply for membership of Albyn Housing Society Limited and confirm that I am over the age of 16. I declare that the information provided in this application is accurate and consent to Albyn Housing Society Limited processing my personal data for the purposes of managing my membership.

I understand that my application for membership will be considered by the next meeting of the Board and, should this be approved I will receive a Membership Certificate thereafter.

SIGN:

DATE:



Reasonable Adjustments? (circle/delete as appropriate)

I do / do not require reasonable adjustments to support my participation as a shareholder, including activities such as receiving communications or attending Annual General Meetings in person or online.

If reasonable adjustments are required, please expand:

I consent to Albyn processing data regarding my reasonable adjustments ☐

Communication preference?

How would you prefer us to contact you? (Select all that apply)

- Email ☐
- Telephone ☐
- SMS/Text ☐
- Letter by post ☐
- Accessible format (please specify):

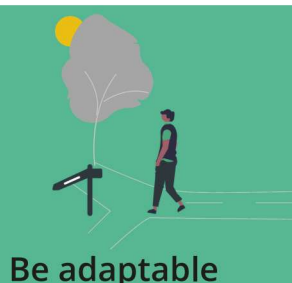
Contact Us

Email: Governance@albynhousing.org.uk

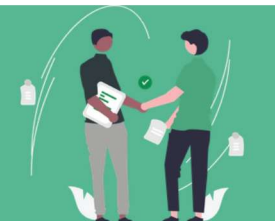
Contact Number: 0300 323 0990

Office address: 98-104 High St, Invergordon, Scotland IV18 0DL

Privacy Notice attached overleaf



Be adaptable



Be Professional



Be Caring