

**APPLICATION FORM FOR MEMBERSHIP OF THE BOARD OF MANAGEMENT**

<b>Full Name: (Block Capitals)</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>E-mail Address:</b>			
<b>Date of Birth:</b>			

<b>PRESENT OR MOST RECENT OCCUPATION</b>	
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<b>EMPLOYMENT HISTORY (Brief details of name of employer / positions held)</b>

<b>SKILLS, KNOWLEDGE, QUALIFICATIONS AND EXPERIENCE THAT YOU WILL BRING TO THE BOARD (Please provide brief details)</b>

**VOLUNTARY WORK (Brief details of any unpaid work carried out) INCLUDING ANY POSITIONS OF PUBLIC RESPONSIBILITY HELD (e.g. Community Council, etc)**

**WHAT ATTRACTS YOU TO SERVICE AS A BOARD MEMBER OF THE ASSOCIATION?**

**Signed:**

**Date:**

Thank you for completing the form. Please return to:

Lochaber Housing Association Ltd, 101 High Street, Fort William PH33 6DG

Telephone: 01397 702530 Fax: 01397 704141 Email: [info@lochaberhousing.co.uk](mailto:info@lochaberhousing.co.uk)

[www.lochaberhousing.org.uk](http://www.lochaberhousing.org.uk)

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**Industrial and Provident Society No. 2289R (S)**

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