Gold Service Application



Gold Service Application Form

I wish to join Glen Oaks Housing Association's Gold Service

Tenancy Ref:	
Mr/Mrs/Ms:	Mr/Mrs/Ms:
Date of Birth:	Date of Birth:
Address:	
Telephone:	
Email:	
(please fill in both names if you are joint tend	
Are you a tenant, sharing owner or factore	ed owner?
Tenant Sharing owner	Factored owner
I wish to apply to become a member of understood the membership criteria.	Gold Service. I confirm that I have read and
Signed:	Date:
Return this form to Glen Oaks Housing Associ	iation, 3 Kilmuir Drive, G46 8BW