



Office Use Only  
Academic Year: \_\_\_\_\_ / \_\_\_\_\_  
Renewed: 1 / 2 / 3

## Oriel College Middle Common Room Associate Membership Application Form

### Associate Membership Scheme

Before completing this form, please read the Associate Membership Guidance Form available on the MCR website. When completed, please submit this form to the MCR President by **Thursday 0<sup>th</sup> Week** for consideration at the first GA of term.

Any queries please email: [mcr.president@oriel.ox.ac.uk](mailto:mcr.president@oriel.ox.ac.uk)

#### Personal Details:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Degree: \_\_\_\_\_  
(Last or Current Degree)

#### Contact Details:

Full Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-Oxford Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please indicate which membership you are applying for: (please tick)

Standard Associate Membership (£45 per term)

Discounted Associate Membership (£25 per term)

**Note:** Discounted membership is **only** available to current partners of current Oriel MCR members and/or Oriensis currently studying at Oxford University. Please ask the MCR President if you require further information.

**Relationship with Oriel College:**

Are you an Orielensis? Yes/No

Are you a current student at another Oxford College? Yes/No

If yes, which College? \_\_\_\_\_

Are you the partner of a current Oriel MCR member? Yes/No

Are you currently working at Oxford University? Yes/No

If yes, which Department: \_\_\_\_\_

Position: \_\_\_\_\_

Oxford SSO (if applicable): \_\_\_\_\_

University Card Number \_\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Who proposed your membership? \_\_\_\_\_

Position within College: MCR Member/College Fellow

If MCR, who seconded your membership? \_\_\_\_\_

Please state your reason for application to the associate membership scheme:

(Maximum three sentences)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by the rules of Oriel College related to the conduct of students on College premises, including within the MCR, as set out in the Oriel College Student Handbook. This is available for reference in the College Lodge. I understand that the College may terminate my membership at any time.

**Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Proposer Signature:** \_\_\_\_\_

**Seconder Signature (where required):** \_\_\_\_\_