



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 0th Week** for consideration at the first GA of term.

Any queries please email: 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 (£46.80 per term)



Discounted Associate Membership (£26.00 per term)

Note: Discounted membership is **only** available to current partners of current Oriel MCR members and/or Orielensis 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):

—

Return to MCR President, Oriel College, Oxford, OX1 4EW

or email a scanned copy of this form to mcr.president@oriel.ox.ac.uk and mcr.secretary@oriel.ox.ac.uk with the subject
“Oriel MCR Associate Membership Application Form [Your initials]”

For your application to be considered for the upcoming term, this form must be submitted by **Thursday 0th Week**.