

Senior Common Room

Membership application/nomination

We the undersigned wish to nominate

Name

School/Department

Extension

Campus

E-mail

Home address

Type of membership

Staff

Full-time

Part-time

Student

Research

MRes/MClinRes

Masters

PG Dip

Proposer

School/Department

Seconder

School/Department

Please give the completed form with the appropriate membership fee to either the Membership Secretary or the Bar Manager

For SCR use only

Type of membership

Card Number

Date

Authority to Deduct Senior Common Room Subscription from Salary

I

Staff number

(Surname in Block Capitals and Given Names in full)

authorise the deduction from salary, until further notice, the subscription fee agreed by the Senior Common Room Annual General Meeting to be paid annually to the Senior Common Room of the University of Ulster at Coleraine, on my behalf. I also agree that if the subscription fee should be varied in accordance with the rules of the Senior Common Room the deduction shall be varied accordingly.

Signed

Applicant

Date