

KEBLE ASSOCIATION MEMBERSHIP APPLICATION

To: Honorary Membership Secretary, Keble Association
c/o The Development Office, Keble College, Oxford OX1 3PG

Please enrol me as a member of the Keble Association. There follows my completed Bankers Order:

To: Bank plc

Full name of
your Bank &
branch

Please pay (**minimum subscription £15.00**) £ on
The first day of..... 2001 and annually thereafter to:
(*month*)

National Westminster Bank, High Street Branch, Oxford
Sort Code 60-70-03, Account Number 65837045

For the credit of the Keble Association Ref:.....*for KA use*

Please debit my account with you as follows:

Account Name.....

Sort Code Account Number

Full Name Matric.

Address

.....

Signature Date

If you require more information or wish to establish a covenant in favour of the Keble Association, (minimum £30.00 p.a.), please contact Tony Hewlett on Tel. 01494 722913, Fax. 01494 723267, Email. heavy@cix.co.uk



BOOKING FORMS

Summer Dinner

Family Day

APPLICATION FORM

Membership of the Keble Association

Please return to
The Development Office
Keble College
Oxford OX1 3PG

SUMMER DINNER 2001

Friday 20 July at 7.15pm

Name Matric

Address.....

..... Postcode.....

Telephone Day/Evening

Please reserve the following:

..... place(s) at the Summer Dinner on Friday 20 July
*£30.00 per person, maximum of 2 places per Old Member
Cost includes wines. Academic dress not required. Dinner or lounge suits*

..... room(s) in College for the night of Friday 20 July
*at £30.00 per person, £45.00 for a couple
Approximately 250 rooms have ensuite bathrooms*

..... Please tick if you would prefer a twin-bedded room
*There are 33 twin-bedded rooms in the ARCO building and these will be
allocated on a first-come basis.*

..... Parking permit for the Science Area opposite the College
*We have been restricted to 50 parking places this year. They will also be
allocated on a first-come basis. Cars should be removed by 10.00am on
Saturday, unless you are staying for the Family Day.*

I enclose a cheque (*made payable to Keble College*) for £

Special dietary or other requirements

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FAMILY DAY 2001

Saturday 21 July from 12 noon

Name Matric

Address.....

..... Postcode.....

Telephone Day/Evening

Please reserve the following:

..... adult place(s) and children's places for lunch in Hall
*£10.00 per person, free children's menu for aged 14 and under. You may
reserve as many places as you wish for lunch.*

(It would be helpful to know the age of your child/children)

..... place(s) for tea and strawberries
(No charge) You may reserve as many places as you wish.

..... Parking permit (see opposite)

I enclose a cheque (*made payable to Keble College*) for £

Special dietary or other requirements

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