

Oxford College of Business

Application for ABE Membership

Please read these notes before completing the form

This application form for ABE Membership should only be completed by students of Oxford College of Business (Sri Lanka) who have met the qualification requirements given below. Please do not use this form if you are currently studying for an ABE qualification - contact ABE for the grades of membership available to you.

ASSOCIATE MEMBERSHIP (AMABE)

Associate Membership may be awarded to students of Oxford College of Business (Sri Lanka) who have completed the AIB Postgraduate Diploma. To apply for this grade of membership, please tick the box below and complete this form before submitting to the ABE office along with a copy of your AIB Postgraduate Diploma, and the registration fee.

FULL MEMBERSHIP (MABE)

Full Membership may be awarded to students of Oxford College of Business (Sri Lanka) who have completed the AIB MBA qualification. To apply for this grade of membership, please tick the box below and complete this form before submitting to the ABE office along with a copy of your AIB MBA Certificate, and the registration fee.

I hereby submit my application for: Associate Membership Full Membership

Title: Mr Ms Miss Mrs Other (please specify) _____ Date of Birth: day / month / year (e.g. 16/03/1985) / /

(Please complete in BLOCK CAPITALS)

Given Name _____ Surname/Family Name _____ Telephone Number _____

Email Address _____

Full Address _____

_____ Country _____

I certify that the information I have provided is true and accurate.

Signature _____ Date: _____

Payment Details

Payment must be made by £ sterling cheque/draft drawn on a UK bank, by postal order or by credit/debit card. Application forms will not be accepted unless accompanied by the correct payment. Admission fee is non-refundable.

(Tick method of payment)

Deduct from my Credit/Debit Card (details below): I have enclosed Cheque/Draft no. _____

My card number is _____

Expires end _____ Valid from (if shown) _____ Security Code (last three digits on signature strip on back of card or four digits on front of AMEX card) _____

IMPORTANT NOTICE YOU MUST GIVE THE SECURITY CODE FOR PAYMENT TO BE ACCEPTED

Cardholder Name _____ Telephone no. _____

Cardholder Address _____ Postcode (UK address only) _____

Cardholder Signature _____ Date _____ Student's Signature (if not cardholder) _____ Date _____