

Membership Application - Referee Form

Due to COVID-19 restrictions this form is to be hand filled by referees in lieu of filling in the Referee section of membership form. The form can be scanned and emailed or posted for submission with the Application Form.

Name of Referee:

Address of Referee:

.....

Postcode:

Contact Number:

I, (referee name), have known the Applicant:

..... personally for years.

Please accept this letter in support of their membership application.

.....
Referee Signature

.....
Date

Note: Referees should be members of KSIMC of Birmingham for at least **3** consecutive years with no outstanding dues

