

# Association Member Nomination and Referral Form

Please complete this form to nominate or refer a candidate for association membership. Once completed, print this form and submit it to the Membership Committee.

## 1. Nominator Information (Current Member)

Full Name:

Member ID Number:

Email Address:

Phone Number:

## 2. Nominee / Referral Information (Candidate)

Candidate's Full Name:

Company / Organization:

Professional Title:

Email Address:

Phone Number:

## 3. Nomination Details

Relationship to Nominee (e.g., Colleague, Client):

Key Professional Qualification 1:

Key Professional Qualification 2:

Primary Reason for Nomination:

## 4. Authorization & Signatures

By signing below, the nominating member confirms that the nominee meets the basic eligibility requirements of the association.

Nominator Signature:

Date (DD/MM/YYYY):