

SPONSOR FROM 4 OTHER MEMBERS

1.

(The recommendation must be handwritten and signed by your sponsor.)

I have known _____ for _____ year(s).

The applicant(s) would be suitable for the applied LRC Membership for the following reasons:

Member Name (IN BLOCK LETTERS)

Signature

Membership No.

Date

2.

(The recommendation must be handwritten and signed by your sponsor.)

I have known _____ for _____ year(s).

The applicant(s) would be suitable for the applied LRC Membership for the following reasons:

Member Name (IN BLOCK LETTERS)

Signature

Membership No.

Date

Remarks:

Please note that we may approach these people to discuss your application.

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3.

(The recommendation must be handwritten and signed by your sponsor.)

I have known _____ for _____ year(s).

The applicant(s) would be suitable for the applied LRC Membership for the following reasons:

Member Name (IN BLOCK LETTERS)

Signature

Membership No.

Date

4.

(The recommendation must be handwritten and signed by your sponsor.)

I have known _____ for _____ year(s).

The applicant(s) would be suitable for the applied LRC Membership for the following reasons:

Member Name (IN BLOCK LETTERS)

Signature

Membership No.

Date

Remarks:

Please note that we may approach these people to discuss your application.