



NUTRITION SOCIETY OF NIGERIA

REFERENCE LETTER

STATE CHAPTER'S REFERENCE LETTER (To be completed by the Chairman or Secretary)

I. Name of applicant: _____
Surname First Name Middle Name

Name of applicant must be as in application form.

II. Class of membership applied for: Full membership Associate membership
Affiliate Membership

III. Has applicant pledged to be committed in the State Chapter: Yes No

IV. Declaration: Do you endorse this application for admission into the Nutrition Society of Nigeria?
Yes No

V. Comment: _____

VI. Name: _____

VII. Position: Chairman Secretary State Chapter _____

VIII. Phone number: _____ Email: _____

IX. Signature: _____ Date: _____

FINANCIAL MEMBER'S REFERENCE LETTER

I. Name of applicant: _____
Surname First Name Middle Name

Name of applicant must be as in application form.

II. Class of membership applied for: Full membership Associate membership
Affiliate Membership

II. Declaration: Do you endorse this application for admission into the Nutrition Society of Nigeria?
Yes No

III. Name of referee: _____
Surname First Name Middle Name

IV. Membership Number/ID: _____

V. Contact Address: _____

VI. Phone number: _____ Email: _____

VII. Signature: _____ Date: _____