

## MASM Referee Confirmation Declaration

The referee must be a MASM or FASM Financial Member of the Society

I ..... submit the name of a referee who has personal knowledge of my work and has agreed to act in this capacity.

### Referee Details

Full Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

By acting as a referee, I am confirming that I have knowledge of the applicant's microbiological work experience and that they have satisfactorily completed two years of postgraduate work to advance the discipline of microbiology.

Referee Signature \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_