



PMFC LIFE MEMBERSHIP NOMINATION FORM

Name of Proposer: _____

Membership number of Proposer: _____

Contact number of Proposer: _____

Name of Nominee: _____

Seconded by: _____

Membership number of Seconder: _____

Reasons for nomination of becoming a PMFC Life Member *(should more space be required, please send as an additional attachment)*:
