

FORM OF RECOMMENDATION

For Election to

ASSOCIATESHIP

of the Linnean Society of London

This recommendation must be signed by one or more Fellows personally acquainted with the Candidate or their work, or by Officers of the Society. The full name of the Candidate, with usual style of address, and place of residence and any special qualifications, must be given. This is a permanent record so please print clearly.

Title and Full Name.....Date of Birth.....

Address.....

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Attached to the study of Natural History, especially.....

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being desirous of becoming an Associate of THE LINNEAN SOCIETY OF LONDON, we, whose names are undersigned, recommend h.....

Name

Signature

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This Form was received on.....

The Ballot will take place on the.....day of.....