PHA Membership Referees’ Form

Please complete Section A and send this form, along with a copy of your application, to both of your referees. The referees should preferably be members of the PHA. If you are unable to nominate PHA member/s, contact the Membership Officer for your State/Territory. Your referees may either return the completed report form to you or send it directly to the Membership Officer. N.B. In either case, it is YOUR responsibility to ensure that the referees’ reports are submitted.

SECTION A – the applicant to complete

Title ______ Name______________________________________________________________

I have attached my application for the following level of PHA membership:

□ Graduate Historian □ Professional Historian (Associate) □ Professional Historian

SECTION B – for each referee to complete. Please return the completed report to the applicant OR to the Membership Officer for your State/Territory (as listed on the application form).

Title: __________ Name: __________________________________________________________

Position/ WorkPlace: ____________________________________________________________________________

Phone: ______________ Email: ________________________________________________________________

1. How long have you known the applicant?

□ Less than 6 months □ 6 to 12 months □ 1 to 2 years □ More than 2 years

2. In what capacities have you known the applicant? ______________________________

________________________________________________________________________________________

3. I confirm that, to the best of my knowledge, the applicant has the qualification/s (and, if applicable, experience) outlined on their application form: □ Yes □ No


5. Any other comments regarding this application: ____________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Referee’s Signature: __________________________ Date: ___/___/. Thank you for your assistance.