



The Association of Men of Kent and Kentish Men

Benevolent Fund Application Form

Benefit sought: Annuity or Emergency

Full name:			
Address:			
Post code:		Telephone:	
E-mail:			
Date of birth:			
Signature:		Date:	

The undersigned confirm that they know the Applicant personally and their circumstances, and recommend the case for consideration for assistance from the Benevolent Fund.

Sponsor 1 – Must be a Member of the Association

Full name:			
Address:			
Post code:		Telephone:	
E-mail:			
Branch:			
Signature:		Date:	

Sponsor 2

Full name:			
Address:			
Post code:		Telephone:	
E-mail:			
Signature:		Date:	

Applications must be submitted to the Secretary AMKKM (39 Abbey Gardens, Canterbury CT2 7EU) and be accompanied by information regarding the need for the support. Note that at least one sponsor **MUST** be a Member of the Association.