



The Cincinnatus Association

Candidate Recommendation

*Complete this form to nominate an individual
for possible membership in the Cincinnatus Association.*

Name of Candidate: _____

Company: _____

Position: _____

Contact Address: _____

Phone: _____

Email: _____

Recommendation

Briefly (25 words or less) describe this prospective member.

Have you spoken with candidate about your recommendation for membership? _____

Cincinnatus Member Making Recommendation

Member Name: _____ (Please print)

Member Phone: _____ Work Home Cell

This recommendation should be sent to:

Cincinnatus Association
P.O. Box 19191
Cincinnati, OH 45219

**As an alternative to this form,
the member may simply email
the same information to us at:**

Cincinnatus_Assoc@hotmail.com