



INSURING STABILITY FOR STAFFING FIRMS

Member Referral Form

Your Information:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Referral Information:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____



Innovative Solutions. Traditional Values.

Contact:

John S. Olkowski, CIC, CRM, AAI
Vice President/Principal
717-755-9266 ext. 3159
jolkowski@ekmconkey.com

