



REPRESENTATION FORM

Name of Company/Association: _____

Please complete the table below for your Company's/Association's representative(s) at the Chamber for 2018.

REPRESENTATIVE(S)	POSITION	TELEPHONE NO:	EMAIL ADDRESS
_____	General Manager/ CEO	_____	_____
_____	Accountant	_____	_____
_____	General Queries	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____