

**AMERICAN CHAMBER OF COMMERCE
MAURITIUS**



INDIVIDUAL MEMBERSHIP FORM

Yes, I want to join AMCHAM in Mauritius for YEAR _____.

Member's Name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Occupation	
Company Name	
Business Address	
Sector of Activity	
Website	
Phone	<input type="checkbox"/>
Fax	<input type="checkbox"/>
Email	<input type="checkbox"/>
Personal Address	
Phone	<input type="checkbox"/>
Fax	<input type="checkbox"/>
Email	<input type="checkbox"/>
Citizenship	

Signature: _____ Date: _____

Application will be subject to Approval of the Board

2nd Floor, Plantation House – Place D'Armes – Port Louis

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Email: info@americanchamber-mauritius.org

Website: www.americanchamber-mauritius.org