

CGMA Representative or Assistant Representative Information Form

This form is designed to collect and maintain up-to-date information concerning Representatives (Rep) and Assistant Representatives (ARep), and the Rep site in general.

The following information must be completed and forwarded to CGMAHQ each time a new CGMA Rep or ARep is appointed. User names and passwords necessary to access CGMA netFORUM will not be issued until all information is provided.

Unit Information

Unit Name _____ Site # **99** _____

Mailing Address:

Shipping Address: (For FedEx/UPS --- Checks/Campaign Materials)

1st line: _____

1st line: _____

2nd line: _____

2nd line: _____

3rd line: _____

3rd line: _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Information about the NEW Rep or ARep

Name/Rate/Rank _____ EMPL ID _____

Contact Phone Number (____) _____ - _____ Year Joined CG _____

Contact Email _____

(Reps and all AREps will be added to the CGMA email distribution list)

Relieving the existing Representative? (Y/N) ____ If yes, whom? _____

Relieving an existing Assistant Rep? (Y/N) ____ If yes, whom? _____

List All Other CGMA Reps/AREps at this site:

List your Rep site's POC to be published on www.cgmahq.org:

Name/Rate/Rank _____ Ph# _____ Email _____

Signature of new Rep/AREp

Date