

MEMBERSHIP APPLICATION FORM

Date: _____ New: _____ Renewal: _____

Referred by: _____ Telephone No: _____ Email: _____

Company/Organization: _____

Mailing Address: _____

Website: _____ Type of Business: _____

Brief Description of your Product/Service: _____

Representative #1: _____ Title: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Representative #2: _____ Title: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Representative #3: _____ Title: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Representative #4: _____ Title: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

MEMBERSHIP CATEGORY (Please check [✓] category)

I. PUBLIC SECTOR (up to 3 members)

A. National/State Tourism Office

B. Other Government

C. Education Group

Dues/Amount

[] \$150 - \$3,000

[] \$325

[] \$225 (\$100 for 4th person)

II. PRIVATE SECTOR

A. Business (up to 3 members)

B. Individual

[] \$225 (\$100 for 4th person)

[] \$100

III. NON-PROFIT

A. One Representative per organization

[] \$100

Please make check payable to: PATA Micronesia Chapter

And mail to...
Ms. Judy Torres
PATA Micronesia Chapter Treasurer
P.O. Box 500861
Saipan, MP 96950

Signature of Authorized Representative: _____

Please make remittance payable to: **PATA MICRONESIA CHAPTER**

FOR CHAPTER USE ONLY

Date Received: _____ Amount: _____

Rev: Aug 2014 – SUBJECT TO CHANGE WITHOUT PRIOR NOTICE