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) Dues/Amount
A. National/State Tourism Office [ ] $150 - $3,000
B. Other Government [ ] $325
C. Education Group [ ] $225 ($100 for 4th person)

II. PRIVATE SECTOR
A. Business (up to 3 members) [ ] $225 ($100 for 4th person)
B. Individual [ ] $100

III. NON-PROFIT
A. One Representative per organization [ ] $100

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