

NEW MEMBERSHIP APPLICATION or MEMBERSHIP RENEWAL

Date: _____

New Membership: ☐

Membership Renewal: ☐

PRINT **First** and **Last** names to appear in the Directory: _____

Company: _____ dba: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Website: _____

Are you or your company members of PATA International?: YES: ☐ NO: ☐

MEMBERSHIP CATEGORY:

☐ Travel Agent ☐ Airline ☐ Hotel ☐ Tour Operator ☐ Media ☐ Education Group
☐ National/State Tourism Office ☐ Meeting Planner ☐ Other: _____

PATA MICRONESIA CHAPTER Annual Dues:

PUBLIC SECTOR (up to 3 government representatives):

☐ National/State Tourism Office
☐ Other Government
☐ Education Group

Annual Dues/Amount:

☐ \$150 - \$3,000
☐ \$325
☐ \$225 (\$100 for 4th person)

PRIVATE SECTOR:

☐ Business (up to 3 company representatives)
☐ Individual

☐ \$225 (\$100 for 4th person)
☐ \$100

NON-PROFIT ORGANIZATION (NPO):

☐ One (1) representative per organization

☐ \$100

Please list names and email addresses of 3 contacts for our membership directory:

1. _____ E-mail: _____ Position: _____

2. _____ E-mail: _____ Position: _____

3. _____ E-mail: _____ Position: _____

4. _____ E-mail: _____ Position: _____

You may apply online at <https://patamicronesia.org/membership/>. For check payment, please make check payable to "**PATA MICRONESIA CHAPTER**". Checks can be mailed to:

P.O. Box 23217

Barrigada, Guam 96921-3217

Please return this form with payment and business card to the PATA Micronesia Chapter

Treasurer: Ms. Judy Torres | jtorres@mymarianas.com

REV: JAN 2025 – SUBJECT TO CHANGE WITHOUT PRIOR NOTICE BY BOARD OF DIRECTORS