

MEMBERSHIP APPLICATION FORM

Date: _____ New: _____ Renewal: _____ Referred by: _____

Company/Organization: _____

Brief Description of your Product/Service: _____

Representative #1: _____ Title: _____

Representative #2: _____ Title: _____

Representative #3: _____ Title: _____

1st NTO/STO Representative: _____ Title: _____

2nd NTO/STO Representative: _____ Title: _____

Mailing Address: _____

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

Website: _____ Type of Business: _____

Reference:

Name: _____ Telephone No: _____ Email: _____

Name: _____ Telephone No: _____ Email: _____

Signature of Authorized Representative: _____

MEMBERSHIP CATEGORY (Please check [✓] category)

I. PUBLIC SECTOR

- A. National Tourism Office
- B. Other Government
- C. Education Group

Dues/Amount

- \$150.00 - \$3,000
- \$325.00
- \$225.00 (\$100.00 for 4th person)

II. PRIVATE SECTOR

- A. Corporation (up to 3 members)
- B. Individual

- \$225.00 (\$100.00 for 4th person)
- \$100.00

III. NON-PROFIT

- A. One Representative per organization \$100.00

Please make remittance payable to: PATA MICRONESIA CHAPTER	
FOR CHAPTER USE ONLY	
Date Received: _____	Amount: _____
Membership Certification: _____	Member Date Entered: _____

Rev: December 2012 - SUBJECT TO CHANGE WITHOUT PRIOR NOTICE