

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): | Annual Dues/Amount: |
| <input type="checkbox"/> National/State Tourism Office | <input type="checkbox"/> \$150 - \$3,000 |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> \$325 |
| <input type="checkbox"/> Education Group | <input type="checkbox"/> \$225 (\$100 for 4 th person) |

- | | |
|---|---|
| PRIVATE SECTOR: | |
| <input type="checkbox"/> Business (up to 3 company representatives) | <input type="checkbox"/> \$225 (\$100 for 4 th person) |
| <input type="checkbox"/> Individual | <input type="checkbox"/> \$100 |

- | | |
|--|--------------------------------|
| NON-PROFIT ORGANIZATION (NPO): | |
| <input type="checkbox"/> One (1) representative per organization | <input type="checkbox"/> \$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: _____ |

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: Mr. Mark Manglona | mark.manglona@visitguam.org**

REV: JAN 2019 – SUBJECT TO CHANGE WITHOUT PRIOR NOTICE BY BOARD OF DIRECTORS