PATA
Pacific Asia Travel Association
HAWAII STIM SATELLITE CHAPTER

Club E-mail: uhm.pata.stim@gmail.com

# Membership Application Form

Name (*please print clearly*): _____

E-mail: _____

Phone Number: _____ (preferred) _____ (alternate)

Mailing Address: _____

Returning PATA Member? ☐ Yes ☐ No

**Tell us about yourself:**

Area of Study: TIM ☐ Hospitality ☐ Tourism/ Transportation Other: _____

Expected graduation Date: ☐ Fall ☐ Spring ☐ Summer year: _____

What is your availability for this semester?
*(*This will help us to plan events & meetings to best accommodate you*)

Sunday: _____ Thursday: _____
Monday: _____ Friday: _____
Tuesday: _____ Saturday: _____
Wednesday: _____

What is the best way to contact you?

☐ E-Mail ☐ Facebook ☐ Other:_____
☐ Phone ☐ MySpace

| | What venues are you interested in seeing? (site inspections) | What are your hobbies? (social ideas) | What places are you interested in hearing about? (travel share) |
|---|---|---|---|
| 1st | _____ | _____ | _____ |
| 2nd | _____ | _____ | _____ |
| 3rd | _____ | _____ | _____ |

Membership dues: ☐ One semester $15 ☐ Two semesters $20

* Please make checks payable to: *PATA Satellite Chapter*

Applicant's Signature: _____ Date: _____

PRINT

| Internal Use Only | | | |
|---|---|---|---|
| Payment Method: | Cash | Check # ____ | Amount Received: _____ |
| Date Received: ___/____/___ | | Received by: _____ | |
| Membership Expiration: | Fall | Spring | Year: _____ |