

## PATA CHAPTER

<b>Name of PATA Chapter:</b>
------------------------------

### **PART A: PATA CHAPTER INFORMATION**

<b>Chapter Name:</b>	
<b>Number of members:</b>	
Address:	
Phone:	General Email:
Website:	Facebook:
Please attach the following required documents: <ul style="list-style-type: none"> <li>✓ Chapter member lists</li> <li>✓ Chapter logo</li> <li>✓ Chapter activities</li> <li>✓ Latest Minute of AGM</li> </ul>	

### **PART B: CONTACT DETAILS**

Information provided in this form is to ensure we're communicating with the right person for various PATA/PATA Chapter business. Information will be kept confidential and for PATA internal use.

<b>PRIMARY CONTACT (for communication with PATA HQ)</b>		
Prefix Mr./Ms./ Other:	First Name:	Last Name:
Organisation:		Job Title:
Email:		
Member of PATA International?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PAST-CHAIRMAN CONTACT</b>		
Prefix Mr./Ms./ Other:	First Name:	Last Name:
Organisation:		Job Title:
Email:		
Member of PATA International?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CHAIRMAN CONTACT</b>		
Prefix Mr./Ms./ Other:	First Name:	Last Name:
Organisation:		Job Title:
Email:		
Member of PATA International?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VICE CHAIRMAN CONTACT</b>		
Prefix Mr./Ms./ Other:	First Name:	Last Name:
Organisation:		Job Title:
Email:		
Member of PATA International?		<input type="checkbox"/> Yes <input type="checkbox"/> No

TREASURER CONTACT		
Prefix Mr./Ms./ Other:	First Name:	Last Name:
Organisation:		Job Title:
Email:		
Member of PATA International?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SECRETARY CONTACT		
Prefix Mr./Ms./ Other:	First Name:	Last Name:
Organisation:		Job Title:
Email:		
Member of PATA International?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE RETURN THIS FORM TO:**

**PACIFIC ASIA TRAVEL ASSOCIATION**

E-mail: [chapters@PATA.org](mailto:chapters@PATA.org)