

Due no later than August 5, 2011, for inclusion in
The 2012 ABA Motorcoach Marketer
Visit www.buses.org to update your profile online

ABA ASSOCIATE MEMBER PROFILE FORM

Selected data from this form will be published in the Marketplace Appointment Scheduling information and the Seller Profile forms, the Marketplace on-site database, The 2012 ABA Motorcoach Marketer, and on ABA's Web site.

SECTION A: MEMBERSHIP INFORMATION* (starred items are required)

Clearly print your membership information below:
(U.S. members - include zip + 4)

(Changes made here will also be reflected in The ABA Motorcoach Marketer)

* Member Number: _____
Contact Name: _____
Contact Title: _____
* Company Name: _____
Address: _____

Phone: _____
Toll free: _____
Fax: _____
E-mail: _____
Web site: _____

SECTION B: DIRECTORY INFORMATION-Published in The ABA Motorcoach Marketer & online

Changes made in this section will only be reflected in The ABA Motorcoach Marketer and online. If you wish to change your membership information with ABA, do so in Section A above.

1) ABA Motorcoach Marketer Category

One of the many benefits of your membership is one FREE listing in The ABA Motorcoach Marketer. You have the option (based on your member type) to change the category for your one FREE listing for the upcoming edition: refer to the reference sheet of category types for a full list.

If you would like your free listing under a different category, please enter the category here:

2) Contact Option

Instead of the membership contact listed in Section A, I would like a different contact person printed in my one FREE Motorcoach Marketer listing and online. (IF YOU DO NOT WANT ALTERNATE CONTACT INFORMATION IN THE ABA MOTORCOACH MARKETER, SKIP TO NUMBER 4)

Contact/Title: _____
Company: _____
Address: _____
Phone: _____
Fax: _____
Toll Free: _____
E-Mail: _____

3) Additional & Enhanced Logo Listings

Broaden your reach by making sure motorcoach and tour operators find you in every location and under every business service that you provide with one or more Additional Listings. Also, make your organization stand out with an Enhanced Logo Listing. Add your company logo to your main and additional listings to make an impact. See the Additional & Enhanced Listing Form for more information.

SECTION C: MARKETING INFORMATION* (all items in this section are required)

Published in American Bus Marketplace materials and other ABA products.

***1) Check areas in which you are located:**

STATES:

- (AK) Alaska
- (AL) Alabama
- (AR) Arkansas
- (AZ) Arizona
- (CA) California
- (CO) Colorado
- (CT) Connecticut
- (DC) Washington, DC
- (DE) Delaware
- (FL) Florida
- (GA) Georgia
- (HI) Hawaii
- (IA) Iowa
- (ID) Idaho
- (IL) Illinois
- (IN) Indiana
- (KS) Kansas

- (KY) Kentucky
- (LA) Louisiana
- (MA) Massachusetts
- (MD) Maryland
- (ME) Maine
- (MI) Michigan
- (MN) Minnesota
- (MO) Missouri
- (MS) Mississippi
- (MT) Montana
- (NC) North Carolina
- (ND) North Dakota
- (NE) Nebraska
- (NH) New Hampshire
- (NJ) New Jersey
- (NM) New Mexico
- (NV) Nevada
- (NY) New York

- (OH) Ohio
- (OK) Oklahoma
- (OR) Oregon
- (PA) Pennsylvania
- (RI) Rhode Island
- (SC) South Carolina
- (SD) South Dakota
- (TN) Tennessee
- (TX) Texas
- (UT) Utah
- (VA) Virginia
- (VT) Vermont
- (WA) Washington
- (WI) Wisconsin
- (WV) West Virginia
- (WY) Wyoming

PROVINCES:

- (AB) Alberta
- (BC) British Columbia
- (MB) Manitoba
- (NB) New Brunswick
- (NF) Newfoundland
- (NS) Nova Scotia
- (NT) Northwest Territories
- (NU) Nunavut
- (ON) Ontario
- (PE) Prince Edward Island
- (PQ) Quebec
- (SK) Saskatchewan
- (YT) Yukon Territories

MEXICO:

- (MX) Mexico

***2) Organization description**

Briefly describe the services you provide. Limit your description to 35 words or less. Please type or print clearly using proper grammar and punctuation. (This information does not appear in The ABA Motorcoach Marketer but will be utilized for Marketplace and future online profiles.)

SECTION D: STATISTICAL INFORMATION

ABA uses this data to compile information on overall industry economic impact for federal legislative and regulatory purposes.

1) Employees:

No. of full-time employees _____ No. of part-time employees _____

CONFIDENTIAL—FOR ABA USE ONLY

2) Optional:

To improve ABA's understanding of industry demographics, please mark the ONE box that best describes the ethnic origin of the ABA member contact for this organization:

- African American/Black
- Asian
- Caucasian (non-Hispanic)
- Hispanic/Latino
- Native American/Alaskan Native/Aboriginal
- Native Hawaiian/Pacific Islander
- Multi-Racial (please specify) _____

Form submitted by:

Print Name Clearly _____ Date _____ Signature _____

If you have any questions about this form, please call (800) 283-2877.

Please fax form by August 5, 2011, to 202-218-7253 or mail to:
ABA Profile Form
111 K Street NE, 9th Floor
Washington, DC 20002

FOR ABA USE ONLY
Date Rec'd: _____
Entered by: _____
Date Entered: _____