

AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION

TYPE OF COMPANY: Definitions available at buses.org/join	<input type="checkbox"/> BUS OPERATOR _____ Number of Buses _____ Type of Buses _____ US MC Number	<input type="checkbox"/> TOUR OPERATOR <input type="checkbox"/> Tour Operator I <input type="checkbox"/> Tour Operator II Requirements <input checked="" type="checkbox"/> Past and current tour brochure on North American Tours <input checked="" type="checkbox"/> Tour Operator I Only <input checked="" type="checkbox"/> 2 Years in Business <input checked="" type="checkbox"/> Current Certificate of Insurance	<input type="checkbox"/> TRAVEL INDUSTRY <input type="checkbox"/> Single Entity <input type="checkbox"/> 2-5 Entities <input type="checkbox"/> 6-24 Entities <input type="checkbox"/> 25+ Entities _____ Primary Category	<input type="checkbox"/> ASSOCIATE <input type="checkbox"/> Service Supplier <input type="checkbox"/> Hardware Supplier <input type="checkbox"/> Manufacturer _____ Primary Category
INITIAL INVESTMENT: Annual renewal rates are available at buses.org .	\$100 Membership thru June 2018 Renewal rate is based on number of OTRB.	\$100 Membership thru June 2018	\$825: Single Entity \$1350: 2-5 Entities \$1875: 6-24 Entities \$2100: 25+ Entities Membership thru Dec. 2018	\$825: Service/ Hardware Supplier Contact ABA: Manufacturer Membership thru Dec. 2018

COMPANY NAME: _____

MANAGEMENT COMPANIES: Identify what properties that you represent. Submit additional pages if needed.

CONTACT NAME: _____ **CONTACT TITLE:** _____

MAILING ADDRESS:

CITY: _____ **STATE/PROVINCE:** _____ **ZIP CODE:** _____ **COUNTRY:** _____

E-MAIL: _____ **PHONE:** _____ **FAX:** _____

WEBSITE: _____ **TOLL FREE:** _____

OTHER KEY STAFF NAMES AND EMAILS:

HOW DID YOU HEAR ABOUT US: _____ **REFERRED BY PERSON/COMPANY (IF APPLICABLE)** _____

PAYMENT INFORMATION: All fees are in U.S. Dollars. There is no initiation fee for joining ABA. ABA's dues are not transferable.

CREDIT CARD PAYMENT AMOUNT\$ _____ **CHECK ENCLOSED** PAYMENT AMOUNT\$ _____

Card Number _____
 Expiration Date _____ Name on Card _____

By signing this form, I am agreeing to the membership conditions and Code of Ethics available on the American Bus Association website.

SIGNATURE:

PRINTED NAME: _____ **DATE:** _____

MAIL: Member Services Department/ABA
 111 K St., NE, 9th Fl.
 Washington, DC 20002

FAX: 202-842-0850
EMAIL: membership@buses.org

Note: ABA rents its mailing list to members and includes company email addresses. If you do not wish your address or email included, please notify ABA at abamembership@buses.org. Use of ABA logo by periodicals does not imply endorsement.
Questions: Contact the ABA Member Services Department at 202-842-1645 or 800-283-2877.