

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
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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	\$550: Single Entity \$900: 2-5 Entities \$1250: 6-24 Entities \$1400: 25+ Entities Membership thru Dec. 2017	\$550: Service/ Hardware Supplier Contact ABA: Manufacturer Membership thru Dec. 2017
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COMPANY NAME: _____

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

CONTACT NAME: _____	CONTACT TITLE: _____
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MAILING ADDRESS: _____

CITY: _____	STATE/PROVINCE: _____	ZIP CODE: _____	COUNTRY: _____
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E-MAIL: _____	PHONE: _____	FAX: _____
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WEBSITE: _____	TOLL FREE: _____
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OTHER KEY STAFF NAMES AND EMAILS:

HOW DID YOU HEAR ABOUT US: _____	REFERRED BY PERSON/COMPANY (IF APPLICABLE) _____
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PAYMENT INFORMATION: All fees are in U.S. Dollars. There is no initiation fee for joining ABA. ABA's dues are not transferable.

<input type="checkbox"/> CREDIT CARD PAYMENT AMOUNT \$ _____	<input type="checkbox"/> CHECK ENCLOSED PAYMENT AMOUNT \$ _____
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Card Number	Name on Card
Expiration Date	

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

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