## **BUS OPERATOR - AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION**

## **Bus Operator Benefits:** Number of Buses • Have a breakdown? Find a member Regulatory Compliance Type of Buses Crisis Communications • Trip Planning | Local Regulations **USDOT Number** Information **Motorcoach Operator Requirements:** • Free Process of Service (BOC-3) Grant 1. Operating Authority from the USDOT or their state or provincial authority, if N/A then proof of liability insurance is required. Assistance 2. Company's USDOT Safety Rating must remain at a "satisfactory" Member Discounts on Services Membership: \$490 3. Membership is valid thru June 30, 2025 **COMPANY NAME:** PARENT/SUBSIDIARY COMPANIES (IF APPLICABLE): Identify affiliated companies. Submit additional pages if needed. **CONTACT NAME: CONTACT TITLE: MAILING ADDRESS:** CITY: STATE/PROVINCE: ZIP CODE: **COUNTRY:** E-MAIL: PHONE: WEBSITE: PROMO CODE (IF APPLICABLE) YOUR GOV'T AFFAIRS CONTACT NAME, EMAIL & PHONE PRESIDENT/CEO NAME AND EMAIL: 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. Membership dues are non-refundable. ☐ CREDIT CARD PAYMENT AMOUNT\$ **CHECK ENCLOSED PAYMENT AMOUNT\$ CVV** 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: FAX: 202-842-0850 Member Services Department/ABA MAIL: 111 K St., NE, 9th Fl. **EMAIL:** membership@buses.org Washington, DC 20002

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