

TRAVEL INDUSTRY-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION



Travel Industry Benefits: <ul style="list-style-type: none"> ● Identify More Customers ● Be Visible to More Bus/Tour Operators ● Participate in Relevant Education and Professional Training and Certification ● Decrease Expenses through ABA Partnerships & Member Discounts ● Develop Business to Business (B2B) Relationships ● Opportunity to be Featured in Publications ● Develop Business to Business (B2B) Relationships 	Select ONE Membership Option	Organization's Primary Category:
	<p>Single Location Membership \$580: 2021 Membership Only</p> <p>\$2,175: 2021 Membership & Marketplace Seller Registration</p> <p>2-5 Locations Membership <input type="checkbox"/> \$950: 2021 Membership Only</p> <p><input type="checkbox"/> \$2,545: 2021 Membership & 2021 Marketplace Seller Registration</p>	<p>6-24 Locations Membership <input type="checkbox"/> \$1,320: 2021 Membership Only</p> <p><input type="checkbox"/> \$2,915: 2021 Membership & Marketplace Seller Registration</p> <p>25+ Locations Membership <input type="checkbox"/> \$1,475: 2021 Membership Only</p> <p><input type="checkbox"/> \$3,070: 2021 Membership & Marketplace Seller Registration</p>
<p>Membership Expiration Date: 12/31/2021. Quarterly Installment Payment Option Available Upon Request</p>		

COMPANY NAME:

MANAGEMENT COMPANIES (If applicable): Identify what properties that you represent. Submit additional pages if needed.

PRIMARY CONTACT NAME:	PRIMARY CONTACT TITLE:
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MAILING ADDRESS:

CITY:	STATE/PROVINCE:	ZIP CODE:	COUNTRY:
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EMAIL	PHONE:	FAX:
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WEBSITE	TOLL FREE:
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SECONDARY CONTACT NAME, TITLE, PHONE AND EMAIL:

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 non-refundable/non-transferable.

<input type="checkbox"/> CREDIT CARD PAYMENT AMOUNTS _____	<input type="checkbox"/> CHECK ENCLOSED PAYMENT AMOUNTS _____
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Card Number	Expiration Date	Name on Card
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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: Membership 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 membership@buses.org. Use of ABA logo by periodicals does not imply endorsement.

Questions: Contact the ABA Membership Department at 202-842-1645 or 800-283-2877.