

Products/Services-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION



Product/Services Benefits: <ul style="list-style-type: none"> ● Increase Your Motorcoach Business ● Identify New Bus and Tour Operators in North America ● Develop Business to Business (B2B) relationships ● Participate in Relevant Education and Professional Training & Certifications 	Select ONE Membership Option Hardware Supplier <input type="checkbox"/> \$565 - 2019 Membership Only (Expires 12/31/2019) <input type="checkbox"/> \$850 - 2019-2020 Membership Only (Expires 12/31/2020) <input type="checkbox"/> \$2445 - 2019-2020 Membership & 1 2020 Marketplace Seller Registration (Membership Expires 12/31/2020) <input type="checkbox"/> \$3675 - 2019-2020 Membership & 1 10 X 10 Exhibitor Booth	Organization's Primary Category: Bus Manufacturer <input type="checkbox"/> \$2820 - 2019 Membership Only (Expires 12/31/2019) <input type="checkbox"/> \$2820 - 2019-2020 Membership Only (Expires 12/31/2020)
	Service Supplier <input type="checkbox"/> \$565 - 2019 Membership Only (Expires 12/31/2019) <input type="checkbox"/> \$850 - 2019-2020 Membership Only (Expires 12/31/2020) <input type="checkbox"/> \$2445 - 2019-2020 Membership & 1 2020 ABA's Marketplace Seller Registration (Membership Expires 12/31/2020) <input type="checkbox"/> \$3675 - 2019-2020 Membership & 1 10 X 10 Exhibitor Booth at ABA's Marketplace	

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 AMOUNTS _____
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:
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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.