

Travel Industry-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION



<p>Travel Industry Benefits:</p> <ul style="list-style-type: none"> ● Identify More Customers ● Participate in Relevant Education and Professional Training and Certification ● Opportunity to be Featured in Publications ● Decrease Expenses through ABA Partnerships & Member Discounts ● Develop Business to Business (B2B) Relationships 	<p>Select ONE Membership Option</p> <p>Organization's Primary Category: _____</p> <p>Single Location Membership</p> <p><input type="checkbox"/> \$565 - 2019 Membership Only (Expires 12/31/2019)</p> <p><input type="checkbox"/> \$850 - 2019-2020 Membership Only (Expires 12/31/2020)</p> <p><input type="checkbox"/> \$2445 - 2019 - 2020 Membership & 1 2020 Marketplace Seller Registration (Membership Expires 12/31/2020)</p> <p>2-5 Locations Membership</p> <p><input type="checkbox"/> \$925 - 2019 Membership Only (Expires 12/31/2019)</p> <p><input type="checkbox"/> \$1390 - 2019-2020 Membership Only (Expires 12/31/2020)</p> <p><input type="checkbox"/> \$2985 - 2019-2020 Membership & 1 2020 Marketplace Seller (Membership Expires 12/31/2020)</p> <p>6-24 Locations Membership</p> <p><input type="checkbox"/> \$1285 - 2019 Membership Only (Expires 12/31/2019)</p> <p><input type="checkbox"/> \$1930 - 2019 - 2020 Membership Only (Expires 12/31/2020)</p> <p><input type="checkbox"/> \$3525 - 2019 - 2020 Membership Only & 12020 Marketplace Seller (Membership Expires 12/31/2020)</p> <p>25+ Locations Membership</p> <p><input type="checkbox"/> \$1435 - 2019 Membership Only (Expires 12/31/2019)</p> <p><input type="checkbox"/> \$2150 - 2019 - 2020 Membership Only (Expires 12/31/2020)</p> <p><input type="checkbox"/> \$3745 - Membership & 2020 Marketplace Seller (Membership Expires 12/31/2020)</p>
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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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EMAIL: _____	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 AMOUNTS _____	<input type="checkbox"/> CHECK ENCLOSED PAYMENT AMOUNTS _____
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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: 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.