BUS OPERATOR - AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION

10 or Less Buses - \$520.00 **Bus Operator Benefits:** Number of Buses **11 - 20 Buses** - \$770.00 **21 - 30 Buses - \$1,315.00** • Have a breakdown? Find a member **31 - 50 Buses** - \$1,630.00 **51 - 100 Buses** - \$3,260.00 Regulatory Compliance Type of Buses **101 - 500 Buses** - \$4,885.00 Crisis Communications **501 - 1000 Buses** - \$8,100.00 1001 - 1500 Buses - \$19,000.00 • Trip Planning | Local Regulations **USDOT Number** Please enter the number of buses in the appropriate space provided. Information Please note, a SAFER • Free Process of Service (BOC-3) Grant **Motorcoach Operator Requirements:** check is conducted 1. Operating Authority from the USDOT or their state or provincial authority, Assistance through FMCSA's if N/A then proof of liability insurance is required. website for Member Discounts on Services 2. Company's USDOT Safety Rating must remain at a "satisfactory" Level verification. Membership is valid thru June 30, 2026 **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.

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