2025 TRAVEL INDUSTY - AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION					
				AMERICAN BUS ASSOCIATION	
Travel Industry Benefits:		Select	ONE Membership Option	Organization's Primary Category:	
 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 		 Single Entity \$800.00 2-5 Entities \$1,310.00 6-24 Entities \$1,810.00 25+ Entities \$2,060.00 This Membership term is January 1- December 31 of the year. 			
COMPANY NAME:	COMPANY NAME:				
MANAGEMENT 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:	FAX:	
WEBSITE:			TOLL FREE:		
SECONDARY CONTACT NAME, PHONE AND EMAIL:					
HOW DID YOU HEAR ABOUT US:			REFERRED BY PERSON/COMPANY (IF APPLICABLE)		
		s no initiati	on fee for joining ABA. ABA's dues are not t		
	OUNT\$			NT AMOUNT\$	
Credit Card			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:		
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 m notify ABA at membership@buses.org Ouestions: Contact the ABA Mem	g. Use of ABA logo by periodi	icals does		ress or email included, please	