

BUS OPERATOR - AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION

Bus Operator Benefits: <ul style="list-style-type: none"> Have a breakdown? Find a member Regulatory Compliance Crisis Communications Trip Planning Local Regulations Information Free Process of Service (BOC-3) Grant Assistance Member Discounts on Services 	<hr/> Number of Buses <hr/>	10 or Less Buses - \$575.00 11 - 20 Buses - \$850.00 21 - 30 Buses - \$1,600.00 31 - 50 Buses - \$2,000.00 51 - 100 Buses - \$3,965.00 101 - 150 Buses - \$5,650.00 151 - 200 Buses - \$6,500.00 201 - 300 Buses - \$7,350.00 301 - 400 Buses - \$8,400.00 401-500 Buses - \$9,500.00 501 - 750 Buses - \$12,500.00 751 - 1000 Buses - \$15,000.00 1000+ Buses - \$20,000.00 Optional Donation Fee - Motorcoach Operator Requirements:	Optional Donation Fee As a new Member of ABA, you will have access to exclusive, world class research, conducted by the ABA Foundation. This research helps organizations like yours navigate our everchanging industry. Help us continue this valuable work by checking the donation box. Your one-time \$75 contribution goes a long way in supporting the Foundations mission.
	<hr/> Type of Buses <hr/>		

***We use the FMCSA data of records for verification of number of buses reported.**

- Operating Authority from the USDOT or their state or provincial authority, if N/A then proof of liability insurance is required.
 - Company's USDOT Safety Rating must remain at a "satisfactory" Level
- Membership is valid until June 30, 2027.**

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** _____

OTHER KEY STAFF NAMES AND EMAILS: _____ **PRESIDENT/CEO NAME AND EMAIL:** _____

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\$** _____
 Card Number _____ CVV _____
 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:** _____

MAIL: Member Services 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 Member Services Department at 202-842-1645 or 800-283-2877.