

BUS OPERATOR - AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION

<p>Bus Operator Benefits:</p> <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 	<p>_____</p> <p style="text-align: center;">Number of Buses</p> <hr/> <p>_____</p> <p style="text-align: center;">Type of Buses</p> <hr/> <p>_____</p> <p style="text-align: center;">USDOT Number</p>	<p>10 or Less Buses - \$600.00 11 - 20 Buses - \$890.00 21 - 30 Buses - \$1,680.00 31 - 50 Buses - \$2,100.00 51 - 100 Buses - \$4,160.00 101 - 150 Buses - \$5,930.00 151 - 200 Buses - \$6,800.00 201 - 300 Buses - \$7,700.00 301 - 400 Buses - \$8,800.00 401-500 Buses - \$9,970.00 501 - 750 Buses - \$13,120.00 751 - 1000 Buses - \$15,750.00 1000+ Buses - \$21,050.00</p> <p>Optional Donation Fee - Motorcoach Operator Requirements:</p> <ol style="list-style-type: none"> 1. Operating Authority from the USDOT or their state or provincial authority, if N/A then proof of liability insurance is required. 2. Company's USDOT Safety Rating must remain at a "satisfactory" Level <p>Membership is valid until June 30, 2027.</p>	<p>Optional Donation Fee</p> <p style="color: red; font-size: small;">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.</p>
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*We use the FMCSA data of records for verification of number of buses reported.

COMPANY NAME: _____

PARENT/SUBSIDIARY COMPANIES (IF APPLICABLE): Identify affiliated companies. 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: _____	WEBSITE: _____
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PROMO CODE (IF APPLICABLE) _____	YOUR GOV'T AFFAIRS CONTACT NAME, EMAIL & PHONE _____
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OTHER KEY STAFF NAMES AND EMAILS: _____	PRESIDENT/CEO NAME AND EMAIL: _____
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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. Membership dues are non-refundable.

<input type="checkbox"/> CREDIT CARD PAYMENT AMOUNT\$ _____	<input type="checkbox"/> 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: _____
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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.