

# TRAVEL INDUSTRY-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION

MC21



<p><b>Travel Industry Benefits:</b></p> <ul style="list-style-type: none"> <li>● Identify More Customers</li> <li>● Be Visible to More Bus/Tour Operators</li> <li>● Participate in Relevant Education and Professional Training and Certification</li> <li>● Attend Exclusive Events</li> <li>● Decrease Expenses through ABA Partnerships &amp; Member Discounts</li> <li>● Develop Business to Business (B2B) Relationships</li> <li>● Opportunity to be Featured in Publications</li> </ul>	<p>Select ONE Membership Option      Organization's Primary Category:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b><u>Single Location Membership</u></b>                      \$725: 2024 Membership (12-month membership)</p> <p><b><u>2-5 Locations Membership</u></b>                      \$1,190: 2024 Membership (12-month membership)</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b><u>6-24 Location Membership</u></b>                      \$1,650: 2024 Membership (12-month membership)</p> <p><b><u>25+ Locations Membership</u></b>                      \$1,845: 2024 Membership (12-month membership)</p> </td> </tr> </table> <p><b>Quarterly installments are available upon request. Membership Expiration date: 12/31/2024.</b></p>	<p><b><u>Single Location Membership</u></b>                      \$725: 2024 Membership (12-month membership)</p> <p><b><u>2-5 Locations Membership</u></b>                      \$1,190: 2024 Membership (12-month membership)</p>	<p><b><u>6-24 Location Membership</u></b>                      \$1,650: 2024 Membership (12-month membership)</p> <p><b><u>25+ Locations Membership</u></b>                      \$1,845: 2024 Membership (12-month membership)</p>
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**COMPANY NAME:** \_\_\_\_\_

**MANAGEMENT COMPANIES (If applicable):** Identify what properties that you represent. Submit additional pages if needed.

<b>PRIMARY CONTACT NAME:</b>	<b>PRIMARY CONTACT TITLE:</b>
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**MAILING ADDRESS:**

<b>CITY:</b>	<b>STATE/PROVINCE:</b>	<b>ZIP CODE:</b>	<b>COUNTRY:</b>
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<b>EMAIL:</b>	<b>PHONE:</b>	<b>WEBSITE:</b>
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<b>PROMO CODE (IF APPLICABLE)</b>	<b>TOLL FREE:</b>
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**SECONDARY CONTACT NAME, TITLE, PHONE AND EMAIL:**

<b>HOW DID YOU HEAR ABOUT US?</b>	<b>REFERRED BY PERSON/COMPANY (IF APPLICABLE):</b>
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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 non-refundable/non-transferable.

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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:** \_\_\_\_\_

<b>PRINTED NAME:</b>	<b>DATE:</b>
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<p><b>MAIL:</b> Membership Department/ABA                  111 K St., NE, 9th Fl.                  Washington, DC 20002</p>	<p><b>FAX:</b> 202-842-0850</p> <p><b>EMAIL:</b> membership@buses.org</p>
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