

TRAVEL INDUSTRY-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION



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| Travel Industry Benefits: <ul style="list-style-type: none"> ● 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 | Select ONE Membership Option | Organization's Primary Category: |
| | <p>Single Location Membership</p> <p><input type="checkbox"/> \$460: 2024 Membership</p> <p><input type="checkbox"/> \$930: 2024/2025 Membership</p> <p>2-5 Locations Membership</p> <p><input type="checkbox"/> \$780 2024 Membership</p> <p><input type="checkbox"/> \$1,550 2024/2025 Membership</p> | <p>6-24 Locations Membership</p> <p><input type="checkbox"/> \$1,060 2024 Membership</p> <p><input type="checkbox"/> \$2,120: 2024/2025 Membership</p> <p>25+ Locations Membership</p> <p><input type="checkbox"/> \$1,200: 2024 Membership</p> <p><input type="checkbox"/> \$2,420 2024/2025 Membership</p> |

COMPANY NAME:

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

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|------------------------------|-------------------------------|
| PRIMARY CONTACT NAME: | PRIMARY CONTACT TITLE: |
|------------------------------|-------------------------------|

MAILING ADDRESS:

| | | | |
|--------------|------------------------|------------------|-----------------|
| CITY: | STATE/PROVINCE: | ZIP CODE: | COUNTRY: |
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|--------------|---------------|-------------|
| EMAIL | PHONE: | FAX: |
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| WEBSITE | TOLL FREE: |
|----------------|-------------------|

SECONDARY CONTACT NAME, TITLE, PHONE 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. There is no initiation fee for joining ABA. ABA's dues are non-refundable/non-transferable.

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| <input type="checkbox"/> CREDIT CARD PAYMENT AMOUNTS _____ | <input type="checkbox"/> CHECK ENCLOSED PAYMENT AMOUNTS _____ |
| 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: 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 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 Membership Department at 202-842-1645 or 800-283-2877.