TRAVEL INDUSTRY-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION

C21	<u>ABA</u>
	AMERICAN BUS ASSOCIATIO

					MC21		
Travel Industry Benefits:		Select ONE Mombourkin	Ontion on the Lat	<u> </u>	A	MERICAN BUS ASSOCIATION	
Identify Mars Customers		Select ONE Membership Option Organization's Primar			6-24 Location Membership		
Identify More CustomersBe Visible to More Bus/Tour Ope	Single Location Membership \$610: 2024 Membership			51,390: 2024 Membership			
• De Visible to More Das, Four Ope • Participate in Relevant Education		(<i>Until 12/31/2024</i>)			(Until 12/31/2024)		
 Professional Training and Certification Attend Exclusive Events 		(
O Decrease Expenses through ABA		2-5 Locations Mem	25+ Loca	25+ Locations Membership			
Partnerships & Member Discount	ts	\$1,000: 2024 Membership		\$1,550 2	1,550 2024 Membership		
• Develop Business to Business (B2) Relationships	B)	(Until 12/31/2024)		(Until 12/	(Until 12/31/2024)		
• Opportunity to be Featured in							
Publications		Quarterly installments are available upon request and must be paid by expiration date: 12/31/2024.					
COMPANY NAME:							
MANAGEMENT COMPANIES	(If applicable	: Identify what properties	s that you represent. Submit a	dditional page	es if needed.		
PRIMARY CONTACT NAME:	PRIMARY CONTACT TITLE:						
MAILING ADDRESS:							
CITY:	STATE/PR	OVINCE:	ZIP CODE:	C	COUNTRY:		
EMAIL:	1		PHONE:	W	WEBSITE:		
PROMO CODE (IF APPLICAE	TOLL FREE:						
SECONDARY CONTACT NAM	ME, TITLE,	PHONE AND EMAI	L:				
HOW DID YOU HEAR ABOU	REFERRED BY PERSON/COMPANY (IF APPLICABLE):						
	105.		REFERRED DI FERSON/COMIFAINI (IF AFFLICADLE):				
PAYMENT INFORMATION: A	All fees are in U.S.	Dollars. There is no initiation	fee for joining ABA. ABA's dues ar	e non-refundabl	e/non-transferab	le.	
CREDIT CARD PAYMENT AM	MOUNT\$		□ CHECK ENCLOS	ED PAYMEN	T AMOUNT\$		
Card Number							
Expiration Date	Name on Card						
By signing this form, I am agreei Association website.	ing to the me	mbership conditions	and Code of Ethics availa	able on the A	American B	us	
SIGNATURE:							
PRINTED NAME:	DATE:						
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MAIL: Membership Department/ABA			FAX: 202-842-0850				
111 K St., NE, 9th Fl. Washington, DC 20002			EMAIL: membership@buses.org				
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