

# TRAVEL INDUSTRY-AMERICAN BUS ASSOCIATION MEMBERSHIP APPLICATION



<b>Travel Industry Benefits:</b> <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>● 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>	Select ONE Membership Option	Organization's Primary Category:
	<p><b>Single Location Membership</b></p> <p><input type="checkbox"/> \$305: 2024 Membership</p> <p><input type="checkbox"/> \$915: 2024/2025 Membership</p> <p><b>2-5 Locations Membership</b></p> <p><input type="checkbox"/> \$500 2024 Membership</p> <p><input type="checkbox"/> \$1,500 2024/2025 Membership</p>	<p><b>6-24 Locations Membership</b></p> <p><input type="checkbox"/> \$965 2024 Membership</p> <p><input type="checkbox"/> \$2085: 2024/2025 Membership</p> <p><b>25+ Locations Membership</b></p> <p><input type="checkbox"/> \$825: 2024 Membership</p> <p><input type="checkbox"/> \$2,475 2024/2025 Membership</p>

**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>FAX:</b>
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<b>WEBSITE</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.

<input type="checkbox"/> <b>CREDIT CARD</b> PAYMENT AMOUNTS _____	<input type="checkbox"/> <b>CHECK ENCLOSED</b> 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:**

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