

# Exclusive Bundle Package Application



## Membership & Marketplace Together in One Special Bundle

**Year Round Benefits:**

- Advocacy
- Business Growth
- Operational Guidance
- Knowledge
- Targeted Professional Development
- Crisis Assistance

**Marketplace Benefits:**

- Business Appointments
- Expert Education
- Exhibits with Latest Industry Products & Services
- Invaluable networking

**Exclusive Bundle Benefits:**

- Complimentary use of ABA Member list rental
- Preferred dues rate

Select ONE Membership Option      Organization's Primary Category:

**New Bus Operator | \$520  
(Value of \$670)**  
Registration for One Bus Operator  
Representative Delegate for Marketplace 2025.  
**(Membership through June 2025)**

**New Travel Industry | \$2,675  
(Value of \$3,455)**  
\*Single Property/Entity  
Registration for One Appointment-Taking  
Delegate for Marketplace 2025.  
**(Membership through Dec. 31, 2025)**

**New Tour Operator | \$520  
(Value of \$670)**  
Registration for One Bus Operator  
Representative Delegate for Marketplace  
2025.  
**(Membership through June 2025)**

**New Associate | \$5,375  
(Value of \$5,705)**  
Registration for One Exhibitor Delegate for  
Marketplace 2025 10' x 10' Exhibit Space.  
**(Membership through Dec. 31, 2025)**

**COMPANY NAME:**

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

**PRIMARY CONTACT NAME:**

**PRIMARY CONTACT TITLE:**

**MAILING ADDRESS:**

**CITY:**

**STATE/PROVINCE:**

**ZIP CODE:**

**COUNTRY:**

**EMAIL:**

**PHONE:**

**WEBSITE:**

**PROMO CODE (IF APPLICABLE)**

**TOLL FREE:**

**SECONDARY CONTACT NAME, TITLE, PHONE AND EMAIL:**

**HOW DID YOU HEAR ABOUT US?**

**REFERRED BY PERSON/COMPANY (IF APPLICABLE):**

**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.

**CREDIT CARD** PAYMENT AMOUNTS \_\_\_\_\_

**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:**

**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.