

# MEMBERSHIP

New England Bus Association  
10 Halifax Street  
Boston, MA 02130



# APPLICATION

Tel: 201.245.8277  
NEBAInformation@gmail.com

Application is hereby made for membership into the New England Bus Association on \_\_\_\_\_ (please enter date).

I understand that I am applying for the following membership and the annual dues schedule is as follows:

- Operator with 1-50 buses (\$125)     Operator with 51+ buses (\$175)     Associate Member (\$125).

A check in the amount of \$\_\_\_\_\_, payable to the order of the **NEW ENGLAND BUS ASSOCIATION**, is enclosed as payment of annual dues for the current year.

The following data is submitted for the Association's records:

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Trade Name, if applicable: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Proposed by: \_\_\_\_\_

## COMPANY INFORMATION

Is your organization: (please select one)  
 Individual     Partnership     Company     Corporation

If Partnership: Name/Addresses of Partners  
\_\_\_\_\_  
\_\_\_\_\_

If Corporation/Company: Name/Titles/ Addresses of Officers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Bus/Coach Operator Membership:  
# of Buses/Coaches are in service? \_\_\_\_\_  
What routes or territory do you serve? \_\_\_\_\_

If Associate Membership:  
Type of business: \_\_\_\_\_  
Name/Address of your New England representative?  
\_\_\_\_\_  
\_\_\_\_\_

## COMMITTEE USE ONLY

Approved by Membership Committee: \_\_\_\_\_  
Approval Date: \_\_\_\_\_  
Amount of Dues Paid \$: \_\_\_\_\_  
Date: \_\_\_\_\_

The New England Bus Association proudly serves the needs of motorcoach and transit companies throughout the New England States.