

MEMBERSHIP



APPLICATION

New England Bus Association
10 Halifax Street
Boston, MA 02130

Tel: 201.245.8277
NEBAInformation@gmail.com

INSTRUCTIONS | Download → Open in Adobe Acrobat Reader (not browser) → Complete → Save → Email

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 (\$150)
- Operator with 51+ buses (\$200)
- Associate Member (\$150).

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. We're Stronger Together!