

Membership Application

(Please type or print clearly)

Name of Company: _____

Address: _____ City: _____

State: _____ Zip: _____

Office: (____) _____ Fax: (____) _____ Evening: (____) _____

Email: _____ Website: _____

DOT#: _____

List Any Key Personnel you would like to have included on your listing and/or receive E-Newsletters

<i>Name</i>	<i>Title</i>	<i>Email</i>	<i>Phone Number</i>

Check the items listed below that apply to your company:

- Package Tour Operator
- Own & Operate Maintenance Facilities
- Charter Coach Operator
- Line Run Operator (only)
- Manufacturers, Insurance and Coach Parts/Accessory Supplier
- Hotels, Restaurants, Attractions (Tourism Partners)
- Association

Date started business: _____ Number of coaches: _____ Number of Employees: _____

*Annual Operator dues are as follows: 350.00 per motorcoach company.

*Annual Associate member dues are as follows:

\$475.00 Associate Members: i.e. Manufacturers, Insurance, Tourism Partners

\$ 0.00 Association (with reciprocal agreements)

Please make checks payable to: **AAMA**

Mail application to Mary Presley, Executive Administrator, P. O. Box 320266, Alexandria, VA 22320

____ I would like to pay with a credit card

_____ Signature

_____ Date