

4405 North Front Street, Harrisburg, PA 17110 717.236.9042 • Fax: 717.236.1391 www.pabus.org

Travel Supplier Membership Application **COMPANY INFORMATION** Company Name _____ _____ State _____ Zip+4 ____ Fax ___ Website _____ Main Email Address ____ _____ Title _____ Email: _____ Title Email: Title Email: 4th Contact ___ Title _____ Email: ___ **DESCRIPTION FOR PBA MEMBERSHIP DIRECTORY** Brief description in 50 words or less for your listing in the next Membership Directory. Additional locations may be listed in the description, provided you have selected and paid dues for the appropriate number of locations. PBA reserves the right to edit the description for content and length. **DUES STRUCTURE - Check appropriate box:** ☐ \$310 1 location ☐ \$545 2-5 locations **MEMBERSHIP** □ \$745 6-20 locations ☐ \$920 21+ locations Membership in PBA is held by a business (not individual) and is **CATEGORY** renewed annually based on anniversary month. PBA's Membership FOR Travel Supplier Member please indicate which industry Directory will include only ONE listing per company; unless additional category best represents your company (check all that apply) locations may be listed in the 'description' section of your listing provided you have selected and paid dues for the appropriate number __ Casinos/Slots/Gaming __ Attraction of locations. Contributions or gifts to PBA are not deductible as __ Conference Center __ Caverns charitable contributions for federal income tax purposes. Dues payments are, however, deductible by members as an ordinary and __ Cruise CVB necessary business expense, subject to exclusion for lobbying activity. __ Dinner Theatre Festivals Because a portion of your dues is used for lobbying by PBA, 17% of __ Gardens __ Hotel your dues (\$41.14) is not deductible for income tax purposes. Outlet/Shopping __ Museum __ Receptive Tour Operator Resort Restaurant Shriner **Authorized Signature** __ Theatre __ Winery __ Other __ PAYMENT INFORMATION FOR Associate Member please indicate which industry category best represents your company (check all that apply) Check made payable to Pennsylvania Bus Association Bus Manufacturer Bus Parts/Products __ Charge \$ _____ to the following credit card: __ Bus Repairs/Maintenance __ Bus Sales American Express ___ MasterCard ___ Visa Bus Upholstery __ Insurance __ Other ____ Credit Card Number

Return the application and payment to: Pennsylvania Bus Association, 4405 North Front Street, Harrisburg, PA 17110 • 717-236-1391 fax

Complete Billing Address of Card and Zip Code CVV Security Code

> Signature of Cardholder Date