



2017 Membership Application

Name of School Bus Company, Supplier or Associate Member

Contact

Title

Mailing Address

City

State

Zip

Phone

Fax

e-Mail

Names of co-workers you would like included in association communications:

Name

e-Mail

Name

e-Mail

Name

e-Mail

Dues Structure:

- **Contractor:**

# of Vehicles	Cost	# of Vehicles	Cost
1 - 25	\$ 500	501 - 750	\$6000
26 - 50	\$1000	751 - 1000	\$7000
51 - 100	\$1500	1001 - 1500	\$8000
101 - 250	\$2500	1501 +	\$9000
251 - 500	\$4500		

- **Supplier/Vendor Member:** \$500.00
Organizations and companies involved with industry related products and services
- **Associate Member** \$250.00
Associations, School Districts, Private Schools, B.O.C.E.S.
- **Retired Member:** \$ 25.00

Does this membership include other bus companies you own? If so, please list:

BUSPAC Assessment (voluntary):

Dues	PAC Contribution*
\$ 1 - \$ 399	\$450
\$ 400 - \$ 999	\$900
\$ 1000 - \$ 3799	\$1800
\$ 3800 - \$4999	\$3000
\$ 5000	\$4000

***IRS Ruling has determined that political contributions are not tax deductible. Maximum PAC contributions are \$5000 per year for a corporation and \$150,000 per year for an individual.**

Dues Paid: \$ _____ + BUSPAC Contribution: \$ _____ = \$ _____ Total Enclosed

PAYMENT MAY BE SUBMITTED BY VISA, MASTERCARD, CHECK OR MONEY ORDER

Credit Card Number: _____ - _____ - _____ - _____ Exp: _____

Cardholder's Name: _____

Signature of Owner or Contact Person _____ Date _____

Public Relations Contact

NYSBCA would like to know who **within your company who facilitates, or helps coordinate, your public relations and/or media activities.** We are interested in promoting the successes of your company/organization and our Public Relations Committee will reach out to your representative to see how we can help.

Complete and return this form with your payment to:

NYSBCA

PO Box 268 ~ Latham, NY 12110

Phone: (518) 220-9905 ~ Fax: (518) 220-9906

NYSBCA.information@gmail.com