



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 dealing 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	\$225
\$ 400 - \$ 999	\$450
\$ 1000 - \$ 3799	\$900
\$ 3800 - \$4999	\$1500
\$ 5000	\$2000

**IRS Ruling has determined that political contributions are not tax deductible*

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 _____

Membership Involvement:

Would you be interested in being a member of one of the **NYSBCA committees**? If so, please check all that you are interested in and that Committee Chair will contact you:

- Awards Legislation Long Range Planning
 Membership Nominating Public Policy/Relations
 Safety Competition Safety & Maintenance

Complete and return this form with your payment to:

**NYSBCA
PO Box 268 ~ Latham, NY 12110
Phone: (518) 220-9905 ~ Fax: (518) 220-9906**