



FLORIDA MOTORCOACH ASSOCIATION

4630 South Kirkman Road #760, Orlando, FL 32811
 866-376-7770 FAX 866-376-1156

Operator Membership Application and Directory Information (Fiscal Year: January-December) Federal ID #: 65-0377182

Name of Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (If different from above): _____
 City: _____ State: _____ Zip: _____
 Phone: _____ FAX: _____ Toll Free: _____
 Email: _____ Web: _____
 Date started business: _____ Periodic Mailings to (number) _____ customers
 Number of Coaches Operated: _____ Number of Coaches Wheelchair Accessible _____
 Please select the region you are located in: Region: _____
 North West, North Central, North East, Central West, Central, Central East, South West, South East

List Key Personnel to be included in the Directory

<u>Name</u>	<u>Title</u>	<u>Cell Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check the items below that apply to your Company

- | | |
|---|---|
| A _____ Regular Route Carrier | F _____ Intrastate Operations Only |
| B _____ Charter Coach Operator | G _____ Intrastate & Interstate Operations |
| C _____ Package Tour Operator | H _____ Mobile/ Roadside Service |
| D _____ Bus Express Carrier | I _____ Dumpsite |
| E _____ Own & Operate Maintenance Facilities | J _____ Wash Facility |

Please return application form and check to:
Florida Motorcoach Association
 106 Main Street
 Brookneal, VA 24528
 Be sure to make a copy of the application for your file

Dues

Membership Dues Amount: \$250

The Association's Bylaws require that all Motorcoach Operator members submit a copy of your vehicle liability insurance and must list Florida Motorcoach Association as "certificate holder" in order to activate and/or renew membership.

Signature: _____

(Applicant Representative)

Date: _____

Membership in FMA is held in the name of the business and is renewed annually with the acceptance of this application unless terminated by written notice. FMA dues are not deductible as a charitable contribution for tax purposes, but continue to be deductible as a business expense.

Requirements for Membership

1. Completed Application Form.
2. Payment of appropriate dues- make check payable to Florida Motorcoach Association (or FMA). Please include your business card, brochure or other information on your organization.
3. Proof of Insurance (copy of certificate with FMA as "certificate holder").
4. Proof of Operating Authority
5. Signed Code of Ethics.
6. Affirmative vote by the FMA Board of Directors.

Credit Card Payment

_____ American Express	_____ Discover
_____ Mastercard	_____ VISA
Card #: _____	
Expiration Date: _____	
Credit Card Billing Address: _____	
Signature of Cardholder: _____	



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866-376-7770

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Code of Ethics Operator Members

This *code of ethics* for the members of the Florida Motorcoach Association has been adopted to promote and maintain the highest standards of intercity bus service and personal conduct among its members.

We, the members of the Florida Motorcoach Association, in carrying out our roles of providing service to the traveling public recognize the need to do so in a professional manner and to deal with the public and our colleagues with the highest degree of integrity. Therefore, we herewith set forth the following creed which shall govern our endeavors to fulfill our obligations:

To adhere to the professional standards of the Florida Motorcoach Association and to work to further its goals and objectives.

To conduct all business affairs with integrity, sincerity and accuracy in an open and forthright manner.

To act with integrity in financial dealings with the public and with entities utilized to help arrange or provide services and accommodations to motorcoach travelers.

To conduct our business and operations in such a manner in order to protect the public and to promote the image of the industry.

To work to instill consumer and public confidence in the industry, avoiding any action conducive to discrediting it or membership in the Association.

To maintain on a current status all license, permits and authority required by the federal, state and local government agencies applicable to the industry.

To adhere and comply with all articles of the bylaws of the Florida Motorcoach Association.

I have read and agree to adhere to this *Code of Ethics*.

Signature: _____

Title: _____

Name of Company: _____

This *Code of Ethics* must accompany the application for membership along with a check for the appropriate amount of membership dues and the copy of the insurance certificate.