



Bus Operator Member Update Form

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Fax: _____ Email: _____

Email to be listed on PBA's website: _____

Website: _____

Main Contact Name: _____

Title: _____

Email Address: _____

Additional Contacts

Contact Name: _____

Title: _____

Email Address: _____

Contact Name: _____

Title: _____

Email Address: _____

Contact Name: _____

Title: _____

Email Address: _____

Contact Name: _____

Title: _____

Email Address: _____

Number of coaches currently operated: _____

Do you provide scheduled line service: Yes No

If yes, please list points served: _____

Please list affiliated companies: _____

Charter Rep(s): _____

Tour Planner(s): _____

Please note: All contacts listed will receive PBA mailings.

Deadline: **September 1** to have updated information in the next Membership Directory

Return to: Pennsylvania Bus Association
4405 North Front Street • Harrisburg, PA 17101-1709
Fax: 717-236-1391 • Email: tlinn@pabus.org