



# Associate and Travel Supplier Member Update Form

Please use this form to keep PBA updated on your company's information throughout the year. In order to have current information in our 2009 directory, please **PRINT THIS FORM, MAKE ANY NECESSARY CHANGES, SIGN IT AND FAX IT TO 717-236-1391 BY SEPTEMBER 1.** Please DO NOT email your changes. If you submit changes to your information after September 1, they will not be included in the 2009 Membership Directory due to printing schedules.

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

If you would like dues invoices sent to a different address, please provide the information below:

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Main Email Address: **Only this email will be listed in directory** Website: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address \_\_\_\_\_

2nd Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address \_\_\_\_\_

3rd Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address \_\_\_\_\_

## CATEGORY

Please indicate what industry category best represents your company: (may check more than one).

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> <b>Travel Supplier Members</b> | <input type="checkbox"/> CVB            | <input type="checkbox"/> Museum                  | <input type="checkbox"/> Shriner     |
| <input type="checkbox"/> Attraction                     | <input type="checkbox"/> Dinner Theatre | <input type="checkbox"/> Outlet/Shopping         | <input type="checkbox"/> Theatre     |
| <input type="checkbox"/> Casinos/Slots/Gaming           | <input type="checkbox"/> Festivals      | <input type="checkbox"/> Receptive Tour Operator | <input type="checkbox"/> Winery      |
| <input type="checkbox"/> Caverns                        | <input type="checkbox"/> Gardens        | <input type="checkbox"/> Resort                  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Conference Center              | <input type="checkbox"/> Hotel          | <input type="checkbox"/> Restaurant              |                                      |
| <input type="checkbox"/> Cruise                         |   |  |                                      |

### Associate Members

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bus Manufacturer   | <input type="checkbox"/> Bus Repairs/Maintenance | <input type="checkbox"/> Bus Upholstery |
| <input type="checkbox"/> Bus Parts/Products | <input type="checkbox"/> Bus Sales               | <input type="checkbox"/> Insurance      |

## DESCRIPTION FOR PBA MEMBERSHIP DIRECTORY

Please describe your attraction, property, service, etc., **in 50 words or less** for your listing in the next edition of the Membership Directory. If you have more than one location, additional locations may be listed in the description, provided you have paid dues for the appropriate number of locations (please refer to Dues Structure on your dues invoice). PBA reserves the right to edit the description for content and length.

Signature of Person Submitting Form: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your support of the Pennsylvania Bus Association**

Please Note: Only the main contact listed will receive PBA mailings  
Deadline: **September 1** to have updated information in the next PBA Membership Directory  
Return To: Pennsylvania Bus Association • 4405 North Front Street • Harrisburg, PA 17110-1709 • Fax 717.236.1391  
6/08