



# VIRGINIA MOTORCOACH ASSOCIATION

106 Main Street, Brookneal, VA 24528

434-376-1150 FAX 434-376-1156

## Membership Application and Directory Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone (list all extensions desired in the directory): 800: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Mailing Address, if different from address above:  
\_\_\_\_\_

List key personnel to be included in the directory:

<u>NAME</u>	<u>TITLE</u>	<u>HOME TELEPHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check the items listed below that apply to your company:

- |   |   |
|---|---|
| A <input type="checkbox"/> Regular Route Carrier                  | F <input type="checkbox"/> Intrastate Operations Only           |
| B <input type="checkbox"/> Charter Coach Operator                 | G <input type="checkbox"/> Intrastate and Interstate Operations |
| C <input type="checkbox"/> Package Tour Operator                  | H <input type="checkbox"/> Mobile/ Roadside Service             |
| D <input type="checkbox"/> Bus Express Carrier                    | I <input type="checkbox"/> Dump Site                            |
| E <input type="checkbox"/> Own and Operate Maintenance Facilities | J <input type="checkbox"/> Wash Facility                        |

Date Started Business \_\_\_\_\_ Periodic Mailings to (number) \_\_\_\_\_ Customers.  
Number of Coaches Operated \_\_\_\_\_ Number of Coaches Wheelchair Accessible \_\_\_\_\_

### Membership Dues Amount

No Buses (Tour Operator): \$50      1-10 Buses: \$100      11 or more Buses: \$200

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant Representative)

### Information for Payment by Credit Card

Type: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Name On Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Requirements for membership:

1. Completed Application Form
2. Payment (Check or Credit Card)
3. Two Letters of Recommendation from Current Operator Members
4. Signed Code of Ethics
5. Proof of insurance and the certificate of insurance must be sent to the VMA office initially and annually with the renewal.
6. Copy of Certificate of Operating Authority.
7. Minimum of 1 year in business from the date of operating authority.
8. Affirmative Vote by the VMA Board of Directors

VMA FEDERAL I.D. NUMBER: 54-1147461

Note: 36 % of your membership dues may be used as a tax deduction.



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## **Code of Ethics** **Operator Members**

This *code of ethics* for the members of the Virginia 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 Virginia 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 Virginia 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 USDOT, the Virginia Department of Motor Vehicles and other federal, state and local government agencies applicable to the industry.*

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

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

This *Code of Ethics* must have the following documents attached when submitted:

Completed application

Check for the appropriate amount of membership dues

Two letters of recommendation from Current Operator Members

Copy of Insurance Certificate

Copy of Certificate of Operating Authority

# LETTER OF RECOMMENDATION

Date: \_\_\_\_\_

TO: Board of Directors, Virginia Motorcoach Association

FROM: \_\_\_\_\_  
Current Operator Member, VMA

I recommend \_\_\_\_\_ for membership in  
Virginia Motorcoach Association.

Signed: \_\_\_\_\_  
(Owner/Operator)

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

Telephone: \_\_\_\_\_

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