



**Wisconsin School Bus Association
Membership Application**

7044 South 13th Street
Oak Creek, WI. 53154 USA
Tel: (414) 908-4956
Fax: 414-768-8001
Website: www.wi-sba.org
EIN: 39-1204976

Member Information: Please check one: New Member Renewing Member

First Name _____ MI _____ Last Name _____
 Title: _____
 Company Name/School District: _____
 Street Address: _____
 City: _____ State/Prov: _____
 Zip/Postal Code: _____ Country: _____
 Primary Phone: _____ Alternate Phone: _____
 Fax: _____ Email Address: _____

Mailing Information (If different from above):

Company Name/School District: _____
 Street Address: _____
 City: _____ State/Prov: _____
 Zip/Postal Code: _____ Country: _____

NOTE: If additional personnel want communications from the Wisconsin School Bus Association, please list their contact information including, name, address, email address and phone number on the next page of this form or on a separate piece of paper.

YES! Additional personnel would like to receive communications from WSBA.

Do you wish to receive email messages with general information as well as announcements, reminders and updates related to upcoming events from WSBA? Yes No

Do you want to be in the WSBA Member Directory? Yes No

Membership Categories – Please mark **ONE** of the following membership categories:

- All members (all categories listed below) will have access to 'Member Only' resources posted on the WSBA web site.
- Memberships are based on a calendar-year membership term, which runs from May 1 – April 30 each year.

Membership Category and Description	Membership Cost
<input type="checkbox"/> Contractor - For Bus Companies. Base cost is \$100.00 plus \$16.00 per bus with a cap for companies with 400 or more buses of \$6,400.00. Please check one of the following below and fill in the amount due in the Membership Cost column. <input type="checkbox"/> For 399 buses or less: \$100.00 + # of Buses _____ x \$16.00/bus = \$ _____ <input type="checkbox"/> For 400 or more buses: Cost \$6,400.00	\$ _____*
<input type="checkbox"/> Affiliate - For school districts that contract for busing or school districts that operate their own buses. Please check one of the following below and fill in the amount due in the Membership Cost column. <input type="checkbox"/> School district that contracts for busing: Cost \$60.00/year <input type="checkbox"/> School district that operate their own buses: Cost \$159.00/year	\$ _____*
<input type="checkbox"/> Associate - For suppliers to the school bus industry.	\$195.00*

* All prices are in US Dollars.

Payment Information

Total Amount Enclosed or Authorized to Charge: \$ _____ US

Method of Payment (Select One): Check Visa MasterCard Discover

Payment By Credit Card:

Credit Card Number: _____
Expiration Date: _____ Security Code (CVV): _____
Card Holder Name: _____
Credit Card Billing Address: _____
Authorized Signature (Required): _____

Payment By Check:

Please make checks payable to WSBA in US currency and remit to:

WSBA
7044 South 13th Street
Oak Creek, WI. 53154 USA

Additional Personnel

(If additional personnel are needed to be listed, please use a separate piece of paper.)

1. Name: _____
Title: _____
Company/School District: _____
Address: _____
City: _____ State/Prov: _____ Postal Code: _____
Phone: _____ Fax: _____
Email Address: _____

2. Name: _____
Title: _____
Company/School District: _____
Address: _____
City: _____ State/Prov: _____ Postal Code: _____
Phone: _____ Fax: _____
Email Address: _____

3. Name: _____
Title: _____
Company/School District: _____
Address: _____
City: _____ State/Prov: _____ Postal Code: _____
Phone: _____ Fax: _____
Email Address: _____