



# Wisconsin School Bus Association Membership Application

3980 River Rd, Wisconsin Dells, WI 53965

Tel: (608) 514-5470 \* E: [cherie@wi-sba.org](mailto:cherie@wi-sba.org) \* Website: [www.wi-sba.org](http://www.wi-sba.org)

EIN: 39-1204976

**MEMBER INFORMATION:**

**Full Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company/School District Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**NOTE:** If additional personnel would like to receive communications from the Wisconsin School Bus Association, please list their contact information on the next page of this form.

The company will be listed on the website Membership Map & Directory unless we receive notice from you to not add it.

- All membership categories have access to 'Member Only' resources posted on the WSBA web site.
- Memberships renew May 1 each year. Annual renewal notices are sent in March each year.

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

Membership Category and Description	Membership Fee
All prices are in US Dollars	
<p><b>Contractor - Bus Companies.</b> Base cost is \$100.00 plus \$16.00 per bus with a cap for of \$6,400 for companies with 400 or more buses in Wisconsin. All state licensed buses are used in the calculation. Please check one of the following below and enter the amount due in the column to the right.</p> <p><input type="checkbox"/> For 1-6 buses: \$225.00</p> <p><input type="checkbox"/> For 7-399 buses: \$120.00 + # of Buses _____ x \$17.00/bus = \$ _____</p> <p><input type="checkbox"/> For 400 or more buses: \$6,900.00</p>	<p>\$ _____ *</p>
<p><b>Affiliate</b> - School districts that contract for busing or school districts that operate their own buses. Please check one of the following below and enter the amount due in the column to the right.</p> <p><input type="checkbox"/> School district that contracts for busing: Cost \$110.00/year</p> <p><input type="checkbox"/> School district that operates their own buses: Cost \$250.00/year</p>	<p>\$ _____</p>
<p><b>Associate:</b> Suppliers to the school bus industry - \$300.00/year</p>	<p>\$ _____</p>

Payment Options:

1) Please make checks payable to WSBA in U.S. currency from a U.S. bank and remit to:

WSBA \* 3980 River Rd \* Wisconsin Dells, WI 53965

2) Pay with credit card: Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

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**Additional Personnel**

(If additional personnel would to be added to the communication list, please use a separate piece of paper.)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_