



Georgia Motorcoach Operators Association

Mailing Address: 106 Main Street, Brookneal, VA 24528

866-376-7770

FAX 866-376-1156

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 _____

Information for Payment by Credit Card

Type: Visa Master Card American Express Amount: \$250

Card Number: _____

Expiration: _____ Name On Card: _____

Signature: _____ Date: _____

Requirements for membership:

1. Completed Application Form
2. Payment in the Amount of \$250 (Check or Credit Card)
3. Two Letters of Recommendation from Current Operator Members
4. Signed Code of Ethics
5. Proof of Insurance (copy of insurance certificate)
6. Copy of Operating Authority
7. Affirmative Vote by the GMOA Board of Directors



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Code of Ethics **Operator Members**

This *code of ethics* for the members of the Georgia Motorcoach Operators 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 Georgia Motorcoach Operators 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 Georgia Motorcoach Operators 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 Interstate Commerce Commission, the Georgia Utilities Commission and other federal, state and local government agencies applicable to the industry.

To adhere and comply with all articles of the bylaws of the Georgia Motorcoach Operators 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

Two letters of recommendation from Current Operator Members

Copy of Certificate of Operating Authority

Copy of Insurance Certificate

Check for the appropriate amount of membership dues

LETTER OF RECOMMENDATION

Date: _____

TO: Board of Directors, Georgia Motorcoach Operators Association

FROM: _____
Current Operator Member, GMOA

I recommend _____ for membership in
Georgia Motorcoach Operators Association.

Signed: _____
(Current Operator Member)

Company: _____

Telephone: _____

LETTER OF RECOMMENDATION

Date: _____

TO: Board of Directors, Georgia Motorcoach Operators Association

FROM: _____
Current Operator Member, GMOA

I recommend _____ for membership in
Georgia Motorcoach Operators Association.

Signed: _____
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