



2019-20 Affiliated Partner Membership Form

TRAILWAYS

Transportation System

3554 Chain Bridge Road, Suite #202

Fairfax, VA 22030-2709

FAX: 703-878-7314 Phone: 703-362-8438

Websites: www.Teamtrailways.com and www.Trailways.com.

RENEWAL

Affiliated Partner

Travel & Leisure Partner

Preferred Partner

NEW

Affiliated Partner

Travel & Leisure Partner

Preferred Partner

- Partnership Dues for 2019: Affiliated and Travel and Leisure Partners approved membership fee for 2019-20 is \$575 per calendar year.
- Also, for the category of **Preferred Partner** including *renewals*, the fee is \$750 per calendar year, and you are entitled to additional benefits. Please call/email for more information: 703-362-8438 or Ditrails@trailways.com.

Trailways Benefits:

Affiliate, Travel & Leisure and/or Preferred Partner benefits include the invitation to exhibit at the Trailways Annual Meeting. Benefits also include option for free monthly email blasts to Trailways Member-Operators; free listing on the Roster on the TeamTrailways.com list and printed list mailed to Member-Operators; option to conduct free Webinars with Members about your product or service. Also, option to advertise in the monthly *Trailways Traveler E-Newsletter*. (20,000 cir.).

MARK YOUR CALENDAR! The 2020 Trailways Annual Meeting Information: **March 1-4, 2020 in Orlando, Florida at the Renaissance Sea World. Call Trailways at 703-691-3052, Ext. 3 or Email bustrails@trailways.com or Sabina@trailways.com**

Please complete information in type or print. Forward the application along with a company check or credit card # in the amount stipulated above. Or, you may call with your CC#. You also may register for the Annual Meeting and pay membership fees online at the same time.

Application for Trailways Affiliated Partner Membership

As a supplier and/or supporter to the transportation & travel industry, we/I hereby apply for active Affiliated/Travel & Leisure/Preferred Partnership in the Trailways Transportation System. By signature, I certify that I have been engaged in my business for at least one year.

Company Name: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Telephone: _____ Website: _____

Primary Contact Name & E-Mail: _____

Continued

* Services/Programs: (50 word description or less) will be published in the Roster and/or press release for new members:

List representative(s) who are to be listed as company contact(s) and will be active in Trailways:

NAME:

TITLE:

_____	_____
_____	_____
_____	_____

Annual Membership Fees:

\$575 - Affiliated Partners & Travel Partners per calendar year

\$750 - Preferred Partners per calendar year (includes option to present one-on-one with Trailways owners at the Annual Meeting, space available.)

Signature: _____ Date: _____

*Credit Card Number: _____ Amount: _____

Expiration Date: _____ CSV# _____ Check Attached: _____

***Note: 2% Charge for Credit Cards, or you will be invoiced at the membership rate. Or call to pay over the telephone:**

PLEASE RETURN VIA SCAN or MAIL with Payment to:
Sabina Dhami – Trailways 3554 Chain Bridge Rd., Suite 202, Fairfax, VA 22030
Scan & Email to sabina@trailways.com
Trailwaysconference.com/ TeamTrailways.com
Fax: 703-878-7314 / Phone – 703-691-3052 x 3 (Admin.)