



# NORTH CAROLINA MOTORCOACH ASSOCIATION

P.O. Box 31, Randleman, NC 27317  
 336-495-4970 FAX 336-495-5833

## 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 ___ Regular Route Carrier                  | F ___ Intrastate Operations Only           |
| B ___ Charter Coach Operator                 | G ___ Intrastate and Interstate Operations |
| C ___ Package Tour Operator                  | H ___ Mobile/ Roadside Service             |
| D ___ Bus Express Carrier                    | I ___ Dump Site                            |
| E ___ Own and Operate Maintenance Facilities | J ___ Wash Facility                        |

Date Business was Started \_\_\_\_\_ Periodic Mailings to (number) \_\_\_\_\_ Customers

Number of Coaches Operated \_\_\_\_\_ Number of Coaches Wheelchair Accessible \_\_\_\_\_

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

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

(Applicant Representative)

### Requirements for membership:

1. Completed Application Form
2. Check in the Amount of \$250 payable to NCMA
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 Certificate of Operating Authority
7. Minimum of 1 year in business as a Certified Operator in the State of North Carolina
8. Affirmative Vote by the NCMA Board of Directors

NCMA FEDERAL I.D. NUMBER: 56-6062854

68% 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 North Carolina 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 North Carolina 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 North Carolina 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 a safe 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 federal, state and local government agencies applicable to the industry.*

*To comply with state and federal safety rules and regulations.*

*To adhere and comply with all articles of the bylaws of the North Carolina 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 indicating \$5 million liability insurance coverage

Copy of Certificate of Operating Authority

# LETTER OF RECOMMENDATION

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

TO: Board of Directors, North Carolina Motorcoach Association

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

I recommend \_\_\_\_\_ for membership in  
North Carolina Motorcoach Association.

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

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

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

# LETTER OF RECOMMENDATION

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

TO: Board of Directors, North Carolina Motorcoach Association

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

I recommend \_\_\_\_\_ for membership in  
North Carolina Motorcoach Association.

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

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

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