Limousine, Bus, Taxi Operators of Upstate New York Membership Application

PAYMENT IS DUE WITH APPLICATION	
Date:	Company/Organization Name:
Contact Name:	
Address:	
City:	State: Zip:
Phone:	Fax: Email :
Website Address: htt	ttp://www.
Type of Business (ch Bus Company □ Bu	eck ONE) vehicle type us/Limousine Taxi Tour Operator Other
List Vehicle Types: ((Enter the <u>quantity</u> of the vehicle type you have in the field next to the vehicle type)
Sedans	Sedan Sedan L Passenger Vans Limousine Vans
Limousines	6pass 8pass 10pass 12 pass 14pass
Hummer Stretch SUV's	Hummer Escalade Excursions Other
Limo Bus	#of passengers#of vehicles#of passengers#of vehicles#of passengers#of vehicles#of passengers#of vehicles
Mini Bus	#of passengers #of vehicles #of passengers #of vehicles
Motor Coach	#of passengers #of vehicles
Taxis	Company Owned Independents Mini Vans
Total # of Vehicles in Your Fleet:	
SERVICES OFFER (Attach separate shee if needed)	
ASSOCIATE MEMBER: Repair Dealership Printer/Media Product Sales Other List Available Services: (Attach separate sheet if needed)	
Insurance Coverage per liability meets the NYS State requirement? Yes 🗌 No 🗌 Amount:	
Interested in serving on a committee? Yes □ Not at this time □ Maybe □ Be sure to enclose a copy of this completed form, along with your check made out to the Limousine Bus Taxi Operators of Upstate New York (for \$65.00) (\$65 is first year introductory rate: Annual rate is \$75 for subsequent years) Mail to: Limousine Bus Taxi Operators of Upstate New York, P.O. Box 74, Buffalo, NY 14225	
Mail to: Limousine Bus Taxi Operators of Upstate New York, P.O. Box 74, Buffalo, NY 14225	

limocompanies@yahoo.com