



Motorcoach Association of South Carolina

Mailing Address: 106 Main Street, Brookneal, VA 24528
888-376-1150 FAX 866-376-1156

APPLICATION FOR TOUR OPERATOR

Please complete information in type or print. Forward the application along with a check in the amount of \$200 made payable to MCASC, the signed Code of Ethics, two letters of recommendation from current operator members, a copy of business license, a copy of registration with the Office of the Secretary of State, proof of a minimum of \$1 million in general liability insurance, and your company Federal ID #. Mail to the above address.

We/I hereby apply for active Tour Operator Membership in the Motorcoach Association of South Carolina. By signature I certify that I have been in business in South Carolina and have been engaged in packaging tours requiring charter services of operator members of MCASC, but do not own or operate motorcoaches.

Name: _____ **Title:** _____

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **FAX:** _____ **800#:** _____

Email: _____ **Web:** _____

Date business was started: _____ **Federal ID #:** _____

List representative(s) who are to be listed as company contact(s) in the Directory and will be active in the Motorcoach Association of South Carolina.

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

Annual Membership Fee: \$200

Membership benefits include the MCASC Annual Meeting and one listing in the MCASC Membership Directory that is distributed to all members. Annual Meeting registration materials are sent to members only.

Signature: _____ **Date:** _____
(Applicant Representative)

Please Note: *This form must be returned with a check for \$200, signed code of ethics, two letters of recommendation from current operator members, a copy of business license, a copy of registration with the Office of the Secretary of State, proof of a minimum of \$1 million in general liability insurance, and your company Federal ID #.*



Motorcoach Association of South Carolina

P.O. Box 474, Columbia, SC 29202
888-376-1150 FAX 866-376-1156

Code of Ethics *Tour Operator Members*

This *code of ethics* for the members of the Motorcoach Association of South Carolina 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 Motorcoach Association of South Carolina, 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 Motorcoach Association of South Carolina 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 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 license, insurance, and state registration.

To adhere and comply with all articles of the bylaws of the Motorcoach Association of South Carolina.

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

Company Federal Tax Identification Number

Copy of Business License

Copy of registration with the Office of the Secretary of State

Proof of a minimum of \$1 million in general liability insurance

LETTER OF RECOMMENDATION

Date: _____

TO: Board of Directors, Motorcoach Association of South Carolina

FROM: _____
Current Operator Member, MCASC

I recommend _____ for membership in
Motorcoach Association of South Carolina.

Signed: _____
(Owner/Operator)

Company: _____

Telephone: _____

LETTER OF RECOMMENDATION

Date: _____

TO: Board of Directors, Motorcoach Association of South Carolina

FROM: _____
Current Operator Member, MCASC

I recommend _____ for membership in
Motorcoach Association of South Carolina.

Signed: _____
(Owner/Operator)

Company: _____

Telephone: _____