



952-303-2325
 www.minnesotabb.org
 info@minnesotabb.org

NEW MEMBER / RENEWAL APPLICATION

Name of Establishment: _____
 Mailing Address: _____
 City: _____ Zip: _____ Contact Phone: _____
 E-Mail (also used for MBBA website login) _____
 Website Address: _____
 Owner(s) Name(s): _____
 Additional Notes: _____

DUES Check one:

Membership is \$175 + \$50 per room (Contact us for rates of 10 rooms and more) Based on the fiscal year of Oct. 1 - Sept. 30

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 room = \$175 | <input type="checkbox"/> 4 rooms = \$325 | <input type="checkbox"/> 7 rooms = \$475 |
| <input type="checkbox"/> 2 rooms = \$225 | <input type="checkbox"/> 5 rooms = \$375 | <input type="checkbox"/> 8 rooms = \$525 |
| <input type="checkbox"/> 3 rooms = \$275 | <input type="checkbox"/> 6 rooms = \$425 | <input type="checkbox"/> 9 rooms = \$575 |

+ \$50 Quality Assurance Inspection
Required for new membership.

Your Annual Base Membership includes the following:

5 initial photos, 2 cities/geographical areas (located within 35 miles), 1 trail/target market segment, and inclusion in our gift certificate program. See website enhancement chart (shown below) for additional offers.

WEBSITE ENHANCEMENT INFORMATION				
Opportunities for enhanced listing are available for purchase. Statistical information on specific pages is available by request.				
Item	Term	Each	Amount	Total
5 Additional Photos (photos #6-10)	1 year	1 group of 5	@ \$50	\$
Cities/Geographic Areas Host city (free) _____ 1. (Free) _____	1 year	Additional areas - 2 possible 2. (\$35) _____ 3. (\$35) _____	@ \$35 ea	\$
Featured Inn - rotating basis on home page	Quarterly specify	1 / 2 / 3 / 4	@ \$25 ea	\$
Trail/Target Mkt Segment - one choice free <input type="checkbox"/> The 3 B's: Bed, Breakfast & Birding <input type="checkbox"/> Bike Trail <input type="checkbox"/> Wineries & Wine Trail	1 year	all additional choices <input type="checkbox"/> State Scenic Byways <input type="checkbox"/> Hiking Trails <input type="checkbox"/> Snowmobile Trails <input type="checkbox"/> Craft Breweries	@ \$10 ea	\$
Website Enhancement Total			\$	
Annual Membership Dues			\$	
Quality Assurance Inspection - \$50 (for new members)			\$	
TOTAL AMOUNT DUE			\$	

Please provide a copy of your current annual Lodging Operating license with this application.
 (This document is issued by the Department of Health through the State, County, or City depending on your jurisdiction.)
 Upon approval of your application, you will be contacted if additional information is needed.

To pay by check, mail this page along with a check for the total amount due to:

Minnesota Bed & Breakfast Association
136 Bridge Avenue
Wabasha, MN 55981

To pay by credit card, e-mail this page for the total amount due with credit card information to:

info@minnesotabb.org

Name (as it appears on card): _____

Address (city/state/zip): _____

MasterCard or Visa: _____

Credit card number: _____

Expiration Date: _____ SVC Code _____

I agree to allow MBBA to charge my credit card for the full dues as listed above plus 2.5% swipe fee.

I agree to allow MBBA to withdraw the total amount of \$_____ divided over a period of 4 months beginning on October 1 from the account listed above as payment of the MBBA dues. A 2.5% swipe fee will be added each month.

I have included a copy of our annual lodging operating license with this application.
(This document is issued by the Department of Health through the State, County, or City depending on your jurisdiction.)

Signature: _____