MEMBER APPLICATION

NAME OF ESTABLISHMENT:

Correct Mailing Address

City Zip Contact Phone:

If you want different information for your listing – please make note of it here:

E-Mail (this is the email you’d use to log into MBBA website)

Website Address:

Owner(s) Name(s)


*****Please provide a copy of your current annual Lodging Operating license with the application.*****
This is issued by the Department of Health through the State, County or City depending on your jurisdiction.

☐ I have included a copy of my Annual Lodging Operation License with the application. Please note: If a renewal contract is not
signed and returned with payment by October 31 of current renewal year your inn maybe temporarily removed from our website
until payment arrangements are made.

WEBSITE ENHANCEMENT INFORMATION

These opportunities to enhance your listing are available for purchase. Statistical information on specific pages
is available by request.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>TERM</th>
<th>QUANTITY</th>
<th>EACH</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Additional Photos</td>
<td>1 year</td>
<td>1</td>
<td>x $50</td>
<td>$</td>
</tr>
<tr>
<td>3rd and/or 4th City or Geographic Area</td>
<td>1 year</td>
<td></td>
<td>3rd or 4th</td>
<td>$35</td>
</tr>
<tr>
<td>(within 35 miles)</td>
<td></td>
<td></td>
<td>x $35</td>
<td>$</td>
</tr>
<tr>
<td>Featured Inn – rotating basis on home page</td>
<td>Quarterly</td>
<td>1 2 3 4</td>
<td>1 2 3 4 5 6</td>
<td>$25</td>
</tr>
<tr>
<td>(please specify quarter)</td>
<td></td>
<td></td>
<td>x $25</td>
<td>$</td>
</tr>
<tr>
<td>2nd, 3rd, 4th, 5th or 6th Trail (Target</td>
<td>1 year</td>
<td></td>
<td>1 2 3 4 5 6</td>
<td>$10</td>
</tr>
<tr>
<td>Market Segment</td>
<td></td>
<td></td>
<td>x $10</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Amount Website Enhancements

3rd or 4th Cities:
3rd: 4th:

Trail segment (one segment is included FREE with your membership dues):

☐ The Three B’s: Bed, Breakfast and Birding  ☐ Wineries and Wine Trails  ☐ Craft Breweries

☐ State Scenic Byways  ☐ Hiking Trails  ☐ Bike Trails  ☐ Snowmobile Trails

<table>
<thead>
<tr>
<th>Annual Membership</th>
<th>Invoiced Yearly Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website Enhancement Total (See Above Chart)</td>
<td>ADDITIONAL $</td>
</tr>
</tbody>
</table>
50 CHARACTER (TOTAL COMBINATION OF LETTERS AND SPACES) DESCRIPTION:

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

Minnesota Bed & Breakfast Association, C/O Brenda, 136 Bridge Ave, Wabasha, MN 55981

☐ MasterCard  ☐ VISA

Credit card #  Expiration Date  CVC Code

Name as it appears on credit card:

Billing address:  City:  Zip:

Select One:
☐ I agree to allow MBBA to charge my credit card for the full dues as checked above plus 2.5% swipe fee.

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

Signature  Date

Are there any special events or dates you would potentially want your establishment mentioned in our NEW MBBA blog?

1.
2.
3.

What would you like more information or training on from MBBA this membership year?

1.
2.
3.

What do you think are the main obstacles you face in growing or promoting your business?

•
•
•

Anything else you would like us to beware of?