NEW 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.

Dues are based on the fiscal year of October 1 – September 30. Upon approval of your application, you will be contacted for all additional information needed.

Dues (check one):

Full-year Membership beginning October 1, is $175 base (includes 1 room) + $50 per each additional room up to 9 rooms.

(+ one-time $25 Quality Assurance Inspection). Please select number of licensed rooms:

1 room = $175  2 rooms = $225  3 rooms = $275  10+Rooms Contact Us
4 rooms = $325  5 rooms = $375  6 rooms = $425  10-25+$5
7 rooms = $475  8 rooms = $525  9 rooms = $575  25+$1

$25 QA Inspection

MBBA AND HISTORIC INNS GUIDEBOOK & WEBSITE INFORMATION

50 CHARACTER (TOTAL COMBINATION OF LETTERS AND SPACES) DESCRIPTION:
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>3rd or 4th</td>
<td>x $35</td>
<td></td>
</tr>
<tr>
<td>(within 35 miles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Featured Inn – rotating basis on home page</td>
<td>Quarterly</td>
<td>1 2 3 4</td>
<td>x $25</td>
<td></td>
</tr>
<tr>
<td>(please specify quarter)</td>
<td></td>
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</tr>
<tr>
<td>2nd, 3rd, 4th, 5th or 6th Trail (Target Market)</td>
<td>1 year</td>
<td>123 4 5 6</td>
<td>x $10</td>
<td></td>
</tr>
<tr>
<td>Segment</td>
<td></td>
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</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
To pay by check or credit card, mail/email this page along with a check for the total amount due or credit card information to: info@minnesotabb.org
Minnesota Bed & Breakfast Association, 136 Bridge Ave, Wabasha, MN 55981

MasterCard  VISA

Credit card #
Date
Expiration

Name as it appears on credit card:

Billing address:  City:  Zip:

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

I have included a copy of my Annual Lodging Operation License