



952-303-2325

[www.minnesotabb.org](http://www.minnesotabb.org) • [info@minnesotabb.org](mailto:info@minnesotabb.org)

**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.

**WEBSITE ENHANCEMENT INFORMATION**

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

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

Total Amount Website Enhancements

**3<sup>rd</sup> or 4<sup>th</sup> Cities:**

3<sup>rd</sup>: \_\_\_\_\_ 4<sup>th</sup>: \_\_\_\_\_

**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

<b>Annual Membership</b>	<b>Invoiced Yearly Fee</b>	
<b>Website Enhancement Total (See Above Chart)</b>	<b>ADDITIONAL \$</b>	
	<b>TOTAL AMOUNT DUE</b>	

## MBBA AND HISTORIC INNS GUIDEBOOK & WEBSITE INFORMATION

Check here to indicate no changes to your guidebook profile.

To make changes to your listing in the guidebook, please use the line below.

If you are unsure of the information currently listed, you can view the guidebook on the MBBA website.

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, 136 Bridge Ave, Wabasha, M 55981

MasterCard       VISA

Credit card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ 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 an 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?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_