



**Inn Membership Application**

**INN INFORMATION**

Inn Name: \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_ Room Rates (range): \$ \_\_\_\_\_  
Inn Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Inn Location Address:  Same as above \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**GUEST CONTACT INFORMATION**

Innkeeper Name:  Mr.  Mrs.  Ms. \_\_\_\_\_  
Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

**CONTACT INFORMATION FOR CABBI OFFICE USE ONLY**

Primary Contact Person:  Mr.  Ms.  Ms. \_\_\_\_\_  
Title of Primary Contact Person: \_\_\_\_\_  
Owner(s) Name:  Mr.  Ms.  Ms. \_\_\_\_\_  
Owner(s) Phone: \_\_\_\_\_ Owner(s) Email: \_\_\_\_\_

**TRAVEL GUIDE DESCRIPTION**

Travel Guide Description (25 word maximum)

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

**CABBI MEMBERSHIP REQUIREMENTS** (please sign and date below)

- ✓ I agree to participate in the CABBI Gift Certificate Program
- ✓ I agree to hand out the CABBI Travel Guide to each departing guest
- ✓ I agree to post the CABBI.com logo on my website and have it link to [www.cabbi.com](http://www.cabbi.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INN AMENITIES**

(Please check off the amenities available)

**In Room Amenities**

- Fireplace
- VCR or DVD
- Internet Access
- Spa Tub
- Telephones
- Two Beds
- Television
- Voice Mail
- Non-smoking

**Business Services**

- Conference Facilities
- Guest Computer
- Internet Access – Wireless
- Internet Access – Hi-Speed
- Fax Machine
- Voicemail
- Self Check In/Out Available

**Breakfast Type**

- Full Breakfast
- Expanded Continental
- Continental

**Facilities**

- Restaurant
- Pool
- Hot Tub, Common Area
- Spa/Massage Services
- Family Friendly
- Bike Friendly
- Bike Storage
- Pets Allowed
- No Resident Pets
- Television, Common Area
- Smoking, Outside Area
- Wedding Facilities
- Sports Facilities

**Other**

- Travel Agent Commission
- Webervations Availability Calendar
- Virtual Tour

**Credit Cards Accepted**

- Visa
- Mastercard
- American Express
- Discover
- Diners Club

**CABBI ANNUAL MEMBERSHIP DUES (also includes CH&LA and AH&LA memberships)**

Categories	CABBI Annual Dues
<input type="checkbox"/> 1-5 rooms	\$650.00
<input type="checkbox"/> 6-10 rooms	\$725.00
<input type="checkbox"/> 11+ rooms	\$795.00

*Dues are payable in advance and membership is continuous unless cancelled in writing. Cancellations are effective 30 days following receipt of such notice.*

*In compliance with the Omnibus Reconciliation Act of 1993, it is estimated that 83% of your membership dues are fully deductible as an ordinary and necessary business expense. The remaining 17% is related to legislative advocacy activities and is therefore not deductible.*

**New Member Certification Fee \$100**  
(required for all new CABBI members)

**Total Amount Due:** \$ \_\_\_\_\_

**PAYMENT METHOD**

- Check (make check payable to: California Association of Bed & Breakfast Inns)

Credit Card:  Visa  Mastercard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_