



Membership Application

INN INFORMATION

Inn Name:
Number of Rooms: Room Rates (range):\$
Inn Location Address:
City: Zip Code: County:
Inn Mailing Address: Same as above
City: Zip Code: County:
Type of Property: Bed & Breakfast Inn Boutique Inn

GUEST CONTACT INFORMATION

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

CONTACT INFORMATION FOR CABBI OFFICE USE ONLY

Primary Contact Person: Mr. Ms.
Title of Primary Contact Person:
Primary Contact Phone: Primary Contact Email:
Owner(s) Name: Mr. Ms.
Owner(s) Phone: Owner(s) Email:
Does the property belong to a management company? Yes No
If yes, name of the management company:

TRAVEL GUIDE DESCRIPTION

Travel Guide Description (50 word maximum - can be sent to jenn@cabbi.com)
[Blank lines for description]

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 Guidebook to each departing guest
I agree to post the CABBI.com logo on my website and have it link to www.cabbi.com

Signature: Date:

INN AMENITIES

(Please check all amenities available)

In Room Amenities

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

Business Services

- Meeting Space
- Guest Computer
- Wireless Internet Access
- Fax Machine
- Voicemail
- Self Check In/Out Available

Breakfast Type

- Full Breakfast
- Continental Breakfast
- No Breakfast

Facilities

- Onsite 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
- Athletic Facilities
- Electric Vehicle Charging Station

Credit Cards Accepted

- Visa
- MasterCard
- American Express
- Discover

CABBI ANNUAL MEMBERSHIP DUES (also includes CH&LA membership)

Categories

CABBI Annual Dues

- | | |
|--------------------------------------|-------|
| <input type="checkbox"/> 1-5 rooms | \$595 |
| <input type="checkbox"/> 6-10 rooms | \$695 |
| <input type="checkbox"/> 11-15 rooms | \$750 |
| <input type="checkbox"/> 16-35 rooms | \$795 |
| <input type="checkbox"/> 36-50 rooms | \$850 |

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 82% of your membership dues are fully deductible as an ordinary and necessary business expense. The remaining 18% 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 Boutique & Breakfast Inns)

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder Name: _____

Signature: _____