



Indiana Bed and Breakfast Association 2014 Business Associate Membership

CONTACT _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

TOLL FREE NUMBER _____

FAX NUMBER: _____ E-MAIL _____

URL _____

PLEASE SUMMARIZE PRODUCTS AND/OR SERVICES

Signed: _____ Date: _____

Attach detailed information regarding services and /or products for article in newsletter and for IBBA website. (Approximately 300 to 500 words)

FEE: \$100.00 PER YEAR

Mail To:

IBBA Membership
PO Box 339
Nappanee, IN 46550

For additional information: info@indianabedandbreakfast.org
877-846-IBBA (4222)