

Indiana Bed and Breakfast Association



APPLICATION FOR ACTIVE MEMBERSHIP

Name of B & B _____ Number of Guest Rooms _____

Owner/Operator _____ Phone _____

Mailing Address _____

City _____ County _____ Zip Code _____

Indiana's General Assembly defines a bed and breakfast as an owner-occupied residence that provides sleeping accommodations to the public for a fee, has no more than 14 guest rooms, provides breakfast to its guest as part of the fee, and provides sleeping accommodations for no more than 30 consecutive days to a particular guest. (Rule 410 IAC, Section 1)

I currently own and/or operate such a bed and breakfast in Indiana and would like to become an active member of the IBBA. I understand that membership acceptance is contingent upon a successful quality review, and that the \$75 review fee is non-refundable.

(Signed) _____ Date _____

INSPECTION FEE:

\$75.00 for Non-Refundable Quality Review (inspection fee)
Must accompany application when applying for membership

DUES:

Will be invoiced once inspected and accepted for membership

\$150.00 per Inn plus \$15.00 per guest room plus

Application Forms must be filled out in its entirety for each Inn applying for membership

Registered Retail Merchant Certificate No _____ Exp Date: _____

Liability Insurance Co. Name and Policy No. _____ Exp. Date: _____

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Return all of the following to:

**IBBA Membership
PO Box 339
Nappanee, IN 46550**

Please check items 1-4:

- ___ 1. This original completed application. We recommend that you retain a photocopy
- ___ 2. \$75 Inspection Fee (**Dues will be billed once inspection has been completed and you are accepted for membership**)
- ___ 3. Copy of your brochure
- ___ 4. Member Interest and Talent Survey
- ___ 5. Circle one YES NO Participate in INN-TO-INN Program
- ___ 6. Innkeeper agrees to link the IBBA website (www.indianabedandbreakfast.org) to their bed and breakfast website.
- ___ 7. ___ Yes ___ No – Did any IBBA current member recruit you to join IBBA or materially influence your decision to join?

How did you hear about us? _____

Date:_____ Signature:_____ **Total Amount Due: \$75.00**

**Send to: Indiana Bed and Breakfast Association
PO Box 339
Nappanee, IN 46550**

For Information or questions: The IBBA office info@indianabedandbreakfast.org 877-846-IBBA (4222)

Original: IBBA Office, Copy to: Treasurer

(office use only)
Check # _____
Date: _____
Inspection Fee _____
Admin Fee _____
Amount: _____

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(Membership Information Sheet) Please Print

Name of Inn: _____ Region: _____ County: _____

Address: _____ City : _____ Zip _____

Name of Owner/Proprietor _____ Telephone: _____

800# _____ Fax: _____

Web Address _____

Business E-mail: _____

Rates: Minimum: _____ Maximum: _____ Number of Guest Rooms: _____

Please give a description of Bed & Breakfast in 35 words or less. Fill in one word per line below.

Check the items below that you wish to have included in your listing:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Smoke Free Interior | <input type="checkbox"/> Whirlpool or Jacuzzi | <input type="checkbox"/> Restaurant on Site |
| <input type="checkbox"/> Full Breakfast | <input type="checkbox"/> Children Welcome | <input type="checkbox"/> Fireplace in Room | <input type="checkbox"/> Weddings |
| <input type="checkbox"/> Complimentary | <input type="checkbox"/> Children Inquire | <input type="checkbox"/> Phone in Room | <input type="checkbox"/> Retreats |
| <input type="checkbox"/> Snacks | <input type="checkbox"/> Pet Free | <input type="checkbox"/> Meeting Area | <input type="checkbox"/> Family Travel |
| <input type="checkbox"/> All Private Bathrooms | <input type="checkbox"/> Pets Welcome | <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Credit Cards Accepted |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Exercise Facility | <input type="checkbox"/> Friendly | <input type="checkbox"/> Deposit required |
| <input type="checkbox"/> Accessible | <input type="checkbox"/> TV/VCR/DVD (in | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Wireless Internet |
| <input type="checkbox"/> Air Conditioning | room) | <input type="checkbox"/> Whirlpool / Jacuzzi | <input type="checkbox"/> Other _____ |

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Member Interest and Talent Survey

Innkeepers are skilled and talented individuals..... the strength of this group of individuals that form IBBA lies in the willingness to use those skills and talents on behalf of the association.....To this end, we ask you to answer the questions below - please note that each innkeeper has the opportunity to share their skills.

Name (s) _____

B & B _____

City _____ Zip Code _____

How many years have you been an innkeeper? _____

What did you do before you became an innkeeper? _____

What are your areas of expertise?

(#1) _____

(#2) _____

What are your talents and/or hobbies?

(#1) _____

(#2) _____

Please indicate the areas in which you can lend your expertise, whether by serving on a committee, performing a specific task, or occasionally being available to assist. If you'd like to help in a particular area but are not sure what needs to be done, check the "other option and we will contact you at the appropriate time to provide more information. We especially encourage NEW members to become involved - you will bring 'fresh' ideas. Appropriate training and guidance will be provided.

Marketing:

Committee (where/how/when to advertise)

Staff a trade show booth/event

Design/Build a promotional display

Other _____

Audit:

Committee (revise/evaluate/perform)

Other _____

Internet:

Site design

Update listings

Other _____

Legislative:

Committee

Other _____

Standards:

Committee (revise/evaluate/perform)

Other _____

ByLaws:

Committee (revise/evaluate)

Aspiring Innkeeper Seminar

Presenter

Coordinator

Other _____