

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 _____

Note:

**Must be paid at time of when applying for membership
\$75.00 for Non-Refundable Quality Review (inspection fee)**

DUES

Will be invoiced once inspected and accepted for membership

**\$175.00 per Inn plus \$15.00 per guest room plus
\$50.00 Administration Fee (one time charge)**

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

Registered Retail Merchant Certificate No _____

Liability Insurance Co. Name and Policy No. _____

Please initial items # 9, 10, & 11

- ____ 1. This original completed application. We recommend that you retain a photocopy
- ____ 2. Inspection FEE - **Balance due will be billed once inspection has been completed and you are accepted for membership**
- ____ 3. Two Photos - A high-contrast color photo on photo paper of the B & B exterior for the directory and 1 interior photo or high resolution photo files on CD. Line drawings are not accepted. Clearly mark photo with name of inn using a "post-it" do not write directly on the photo.
- ____ 4. Copy of your brochure
- ____ 5. Member Interest and Talent Survey
- ____ 6. Two (2) Recipes
- ____ 7. Circle one YES NO Participate in INN-TO-INN Program
- ____ 8. Innkeeper agrees to accept IBBA Gift Certificates – No additional charge or costs to member inn for this benefit.
- ____ 9. Innkeeper agrees to distribute the IBBA Directory's to all guests
- ____ 10. Innkeeper agrees to place IBBA Logo and link to association site. www.indianabedandbreakfast.org on member's website
- ____ 11. ___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? _____

Membership is for one (1) year and renewal will be contingent upon anniversary date of approval of membership.

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Indiana Bed and Breakfast Association

Membership Information Sheet)

Name of Inn: _____ Region: _____ County: _____
(Please Print)
Address: _____ City : _____ Zip _____

Name of Owner/Proprietor _____ Telephone: _____
800# _____ Fax: _____
Web Address _____

Business E-mail: _____ Personal E-mail _____

Rates: _____ Number of 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"/> Full Breakfast	<input type="checkbox"/> Smoke Free Interior	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Wheel Chair Accessible	<input type="checkbox"/> Pets Welcome	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Exercise Facility
<input type="checkbox"/> TV/VCR (in room)	<input type="checkbox"/> Whirlpool or Jacuzzi	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Phone in Room
<input type="checkbox"/> All Private Bathrooms	<input type="checkbox"/> Children Welcome (with notice)	<input type="checkbox"/> Meeting Conference Area	
<input type="checkbox"/> Business/Corporate Friendly	<input type="checkbox"/> Nature	<input type="checkbox"/> Weddings	
<input type="checkbox"/> Gift Certificates Accepted	<input type="checkbox"/> Cash Accepted	<input type="checkbox"/> Checks Accepted	
<input type="checkbox"/> Credit Cards Accepted	<input type="checkbox"/> Deposit Required	<input type="checkbox"/> Commission Paid	
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Pet Free	<input type="checkbox"/> Wireless Internet	

Date: _____ Signature: _____ Total Dues Amount: _____

\$75.00 Non-Refundable Inspection Fee must accompany application – Balance due will be billed once inspection has been completed and you are accepted for membership

**Send to: Indiana Bed and Breakfast Association
PO Box 354
Salem, IN 47167**

For Information or questions: Barbara Rivera, SongbirdPrairie@aol.com, VP Membership 219-759-4274
Or the IBBA office info@indianabedandbreakfast.org 877-846-IBBA (4222)

Original: Treasurer, Copy to: Membership - Standards – Marketing – IBBA Office

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

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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?

(#1) _____ (#2) _____

What did you do before you became an innkeeper?

(#1) _____

(#2) _____

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 _____

___ Internet (must be on-line)

___ site design

___ update listings

___ other _____

___ Standards

___ committee (revise, evaluate program)

___ other _____

___ Aspiring Innkeeper Seminar

___ presenter

___ coordinator

___ other _____

___ Newsletter

Columnist (reporter) ___ Marketing, ___ Inn Events, ___ Packages, ___ Technology

___ Audit

___ committee (revise, evaluate, perform)

___ other _____

___ Directory

___ planning committee

___ other _____

___ Legislative

___ committee

___ specific concern? _____

___ other _____

___ Bylaws

___ committee (revise, evaluate)

___ Annual Conference

___ Committee

___ Workshop Presenter