



**INDIANA BED AND BREAKFAST ASSOCIATION
ASPIRING INNKEEPER
ASSOCIATE MEMBER APPLICATION**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE
NUMBER _____

EMAIL _____

PLEASE SUMMARIZE THE STATUS OF YOUR B&B PLANS:

Include your name on mailing lists made available to B&B related service or product providers?
(You may add or delete you name at any time by notifying the IBBA (877-846-4222))

YES _____ NO _____ Signature _____ Date _____

Associate Membership only: \$50.00 _____

Aspiring Innkeeper Packet only: \$75.00 _____

**Yes, I would like to take of advantage of discount
Associate Membership &
Aspiring Innkeeper Packet: \$100.00
(A savings of \$25.00)** _____

Eligibility: Those person(s) who do not currently own or operate an inn, yet are engaged in the process of determining whether they wish to construct, purchase, or manage an inn or B & B. Aspiring Innkeeper Membership terminates upon opening an inn and member must immediately apply for inspection and active membership and pay dues accordingly.

Make check payable and mail to:

IBBA Membership

PO Box 354

Salem, IN 47167

For additional information: 877-846-IBBA (4222)