

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)

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

Other

- Travel Agent Commission
- Online Reservations

Credit Cards Accepted

- Visa
- MasterCard
- American Express
- Discover
- Diners Club

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

- 1-5 rooms
- 6-10 rooms
- 11-15 rooms
- 16-35 rooms
- 35-50 rooms

CABBI Annual Dues

\$595
\$695
\$750
\$795
\$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: _____