



Membership Application

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 Salem, OR 97309
 800-944-6196
 stay@obbg.org
 www.obbg.org

Thank you for your interest in the Oregon Bed & Breakfast Guild,
 an association of professional innkeepers.

Membership in the Guild requires that you meet the membership criteria. A copy of the Quality Assurance Guidelines, used for the initial inspection and for reinspections, is enclosed. The guidelines have been developed in cooperation with national and international professional B&B associations, as well as Oregon Fire and Health Departments. We are happy to answer any questions about the guidelines prior to the application or inspection if you have any concerns about meeting the standards.

To apply for membership in the Oregon Bed & Breakfast Guild, please complete **both** pages of this form and submit it to the Guild **along with the following items:**

<input type="checkbox"/> Copies of the inn's licenses and permits, as applicable:		<input type="checkbox"/> Copies of Inn Information:	
<input type="checkbox"/> Travelers Accommodation License		<input type="checkbox"/> Current brochure, rates, and policies	
<input type="checkbox"/> Restaurant License		<input type="checkbox"/> Copy of inn's Welcome Letter	
<input type="checkbox"/> Pool and Spa License		<input type="checkbox"/> Copy of House rules & emergency procedures	
<input type="checkbox"/> City Business License		<input type="checkbox"/> At least one exterior picture of the inn	
<input type="checkbox"/> Oregon State Department of Revenue Business Identification Number (from State Lodging Tax Form)		<input type="checkbox"/> A short description of your B&B on a separate sheet of paper	
<input type="checkbox"/> Food Handler's Card(s)		<input type="checkbox"/> Liability Insurance Declaration Sheet	
<input type="checkbox"/> Approved Water and Septic Systems		<input type="checkbox"/> Non-refundable Application/Inspection Fee of \$100 payable to Oregon Bed & Breakfast Guild	

- ▶ I/We agree to adhere to the Guild's Standards of Membership and Code of Ethics.
- ▶ I/We agree to continue to meet or exceed the Quality Assurance Guidelines.
- ▶ I/We give permission for inspection by Guild Quality Assurance inspector(s) at a mutually convenient time to verify compliance with all standards and regulations.
- ▶ I/We certify that I/we comply with all appropriate tax requirements.
- ▶ I/We agree to accept OBBG Lodging Gift Vouchers redeemable at 100% of face value.

Owner's Signature: _____ Date: _____

Inn Manager's Signature: _____ Date: _____

\$100 Membership Application/Inspection Fee. [] Check enclosed [] Charge Credit Card

[] Visa [] Master Card Card # _____

Card Holder's Signature: _____ Card Expiration: _____

Membership Application

Inn Name _____

Innkeeper Name(s) _____

Street Address _____ Mailing Address _____

City _____ County _____ Zip _____

Toll Free _____ Phone _____ Fax _____

E-mail Address _____ Web Address _____

Rate Range _____ Opened _____ Geographic Region _____

Number of Guest Rooms _____ Number of Rooms with Private Baths _____ Number of Shared Baths _____

Type of Breakfast: Full _____ Continental _____ Hours Served _____

Where is Breakfast Served? _____ Is Innkeeper or staff available 24 hours daily? _____

City Room Tax _____% County Room Tax _____% State Room Tax _____%

Credit Cards Accepted: [] Visa [] Master Card [] Other _____

Is B&B open all year? _____ If not, approximate dates of closure _____

Name of Resident Manager _____ Name of Owner(s) _____

Phone _____ Address (if different from inn) _____

If accepted for membership, will you participate in the OBBG Innkeeper's Getaway Program? _____ (For details please see the Invitation to Membership brochure)

Answer the following questions YES or NO

Do you allow children under 12? _____

Do you have wedding facilities? _____

Do you have in-room fireplace(s)? _____

Do you allow guest pets? _____

Do you have handicapped accessible room(s) _____

After review of completed application, you will be contacted to schedule the inspection/consultation.

Membership Application/Inspection/Consultation Fee: **\$100**. One-time Marketing Assessment: **\$100**.

Annual Regular Dues: \$175 base fee + **\$35** per room for rooms 1-7 (no additional fees for 8 or more rooms).

Send application, copies of requested items, and application fee to OBBG, P. O. Box 12702, Salem, OR 97309.