



P. O. Box 12702
 Salem, OR 97309
 800-944-6196
stay@obbq.org
www.obbq.org

Membership Application

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:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Non-refundable Application/Inspection Fee of \$100 payable to Oregon Bed & Breakfast Guild <input type="checkbox"/> Copies of the inn's licenses and permits, as applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Travelers Accommodation License <input type="checkbox"/> Restaurant License <input type="checkbox"/> Pool and Spa License <input type="checkbox"/> City Business License <input type="checkbox"/> Oregon State Department of Revenue Employer Number <input type="checkbox"/> Approved Water and Septic Systems (if not on City system) | <ul style="list-style-type: none"> <input type="checkbox"/> Food Handler's permits (required of all inns, regardless of number of rooms) <input type="checkbox"/> Copies of inn's current brochure, rates, and policies <input type="checkbox"/> Copy of inn's Welcome Letter, with house rules and emergency procedures <input type="checkbox"/> At least one exterior picture of the inn <input type="checkbox"/> A description of your B&B on a separate sheet of paper (Note: number of rooms/baths, phone numbers, e-mail/websites, rates, and credit cards accepted, plus brief commentary) <input type="checkbox"/> Liability insurance Declaration Sheet |
|---|--|

- ▶ 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 { } Discover Card { } Other Card # _____

Signature: _____ Card Expiration: _____

(Revised 0707)

Membership Application

Inn Name _____

Inn Keeper Name(s) _____

Street Address _____ Mailing Address _____

City _____ County _____ Zip _____

Toll Free _____ Phone _____ Fax _____

E-mail Address _____ Web Address _____

Rates (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 (information will be used in the OBBG website)

Do you allow children under 12?	Do you have wedding facilities?
Do you have in-room telephone(s)?	Do you have conference facilities?
Do you have in-room television(s)?	Do you allow guest pets?
Do you have in-room fireplace(s)?	Do you have resident pets? What kind?
Do you have in-room spa(s)?	Do you pay travel agent commissions?
Do you have an outdoor spa? If yes, is it licensed by your county?	Do you have guest refrigerator(s) separate from the B&B refrigerator?
Do you have a swimming pool? If yes, is it licensed by your county?	Do you ALWAYS require a Saturday 2-night minimum?
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 + room fees (**\$35** per room - rooms 1-9 plus **\$15** each additional room).
 Send application, copies of requested items, and application fee to OBBG, P. O. Box 12702, Salem, OR 97309.

(Revised 08/06)