



# Membership Application

503-893-4210  
 info@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"/> Top portion of Oregon Department of Revenue tax form showing registration or Letter of Registration (BIN)		<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)
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## 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: \$219** base fee + **\$40** 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, 28700 NE Mountain Top Rd, Newberg, OR 97132 or info@obbg.org