



Membership Application

Thank you for your interest in the Oregon Association of Independent Inns, an association of professional innkeepers.

503-893-4210
 info@obbg.org
www.oregoninns.com

Membership in the Association 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 lodging 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 Association of Independent Inns, please complete **both** pages of this form and submit it to the Association **along with the following items** (in paper or digital):

| | |
|---|---|
| <input type="checkbox"/> Copies of the property's licenses and permits, <i>as applicable:</i> | <input type="checkbox"/> Inn Information: |
| <input type="checkbox"/> Travelers Accommodation License | <input type="checkbox"/> Copy of inn's Welcome Letter |
| <input type="checkbox"/> Restaurant License | <input type="checkbox"/> Copy of House rules & emergency procedures |
| <input type="checkbox"/> Pool and Spa License | <input type="checkbox"/> At least one exterior picture of the inn |
| <input type="checkbox"/> City Business License | <input type="checkbox"/> Current brochure, rates, and policies |
| <input type="checkbox"/> Food Handler's Card(s) | <input type="checkbox"/> A short description of your property |
| <input type="checkbox"/> Approved Water and Septic Systems | <input type="checkbox"/> Liability Insurance Declaration Sheet |
| <input type="checkbox"/> Proof of TLT payment: i.e. Top portion of Oregon Department of Revenue tax form showing registration | <input type="checkbox"/> Non-refundable Application/Inspection Fee of \$100 payable to Oregon Association of Independent Inns |

- ▶ I/We agree to adhere to the OAI 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 OAI 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 OAI 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

Property Name _____

Owner 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 served ____ None ____ Included Continental ____ Included Full

Is manager or staff available 24 hours daily? _____

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

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

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

Name of Manager _____ Name of Owner(s) _____

Phone _____ Address (if different from inn) _____

Answer the following questions YES or NO

| | | |
|---|--|---|
| <input type="checkbox"/> Child Friendly | <input type="checkbox"/> Pet Friendly | <input type="checkbox"/> Business Friendly |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Free Wi-Fi | <input type="checkbox"/> Wedding & Events |
| <input type="checkbox"/> Whirlpool Tubs | <input type="checkbox"/> Conference Room | <input type="checkbox"/> Pool |
| <input type="checkbox"/> EV Charging Station | <input type="checkbox"/> Private Entry | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> 1st Floor Guest Room | <input type="checkbox"/> Television in Rooms | <input type="checkbox"/> Spa Services On-Site |
| <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Restaurant On-Site | <input type="checkbox"/> Breakfast Included |

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 OAIL, c/o Chehalem Ridge B&B 28700
 NE Mountain Top Rd, Newberg, OR 97132 or info@obbg.org