

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: _____
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: _____

PROPERTY DESCRIPTION & PHOTOS

Please send your property description, logo and inn photos to monica@cabbi.com.

CABBI MEMBERSHIP REQUIREMENTS (please sign and date below)

- ✓ I agree to participate in the CABBI Gift Certificate Program.
- ✓ 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
- WiFi Access
- Spa Tub
- Telephone
- Two Beds
- In-Room Television
- In-Room Kitchen

Business Services

- Meeting Space
- Guest Computer
- Wireless Internet Access
- Travel Agent Commission

Breakfast Type

- Full Breakfast
- Expanded Continental Breakfast
- Continental Breakfast
- Breakfast Not Included

Facilities

- Restaurant Onsite
- Pool
- Hot Tub, Common Area
- Spa/Massage Services
- Day Spa/Day Use
- Family Friendly
- Bike Friendly
- Pets Allowed
- No Resident Pets
- Smoking, Outside Area
- Wedding Facilities
- Athletic Facilities
- Electric Vehicle Charging Station

Credit Cards Accepted

- Visa
- MasterCard
- American Express
- Discover

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

Categories

CABBI Annual Dues

- | | |
|--------------------------------------|-------|
| <input type="checkbox"/> 1-5 rooms | \$595 |
| <input type="checkbox"/> 6-10 rooms | \$695 |
| <input type="checkbox"/> 11-15 rooms | \$750 |
| <input type="checkbox"/> 16-35 rooms | \$795 |
| <input type="checkbox"/> 36-50 rooms | \$850 |

Dues are payable in advance and membership is continuous unless cancelled in writing. Cancellations are effective 30 days following receipt of such notice. Membership is for the property and transfers with property in the event of an ownership change.

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: _____ CVV: _____ Cardholder Name: _____

Signature: _____