



Bed & Breakfast Association of Alaska
 763 7th Ave., Fairbanks, AK 99701
 907-451-6649, fax 907-474-8448
inn@alaska.com

Membership Application - Associate Member

Please Check One: Renewing Member, \$100.00
 New Member, \$125.00 (Special Offer - 2009 & 2010)
 (blank, 1 or 2) Extra City Listings \$20 each (2 additional listings allowed if within 25 miles of primary location.)

Thank you for becoming an Associate Member of BBA. We look forward to working with you and value you as a supporting member. Please mail, email, or fax requested documents address above. Please telephone Mary with any questions.

Business Name as shown on Business License

Mailing Address _____

Physical Address _____

Telephone _____ Toll Free _____

Email _____

Website: <http://www.> _____

Contact Person & Title _____

Type of Business (Attraction, Reservation Service, Service Provider, Tour Operator, Vendor, Other (describe)) _____

Fax _____

Information needed for your Alaskabba.com web listing:

Description: 600 Characters max.

Please include the following information or documents to finalize your application.

1. Business license number _____ State _____

2. Liability Insurance:

Name of Carrier & Policy Number

Name of Agent _____

3. Check payable to BBAA

I acknowledge and by my signature certify that the information contained above is true and correct, that liability insurance will be maintained, and that I will comply with all requirements of membership in the Bed & Breakfast Association of Alaska.

Printed Name _____

Signature _____

Signature Date _____