

# The Bed & Breakfast Association of Virginia

## Application for Membership

Region \_\_\_\_\_ (office use)

### Instructions

Please complete both the application and the BBAV Code of Ethics. Return with copies of all required licenses and proof of insurance. Attach \$100.00 application fee and photos of your inn.

**Send all materials to BBAV Office, 3270 Melrose Lane, Keswick, Virginia 22947**

**Questions ?** Please call the BBAV Office Manager, Becky Lindway at: 888-660-2228

Business Name: \_\_\_\_\_ # of Guest Rooms \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Inn Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Toll Free: \_\_\_\_\_ Owner Phone (if different) \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Owner/s: \_\_\_\_\_

Innkeeper/s: \_\_\_\_\_

Annual Membership Dues:

Fees:

#### Annual Membership Dues

1-2 Rooms . . . . .	\$250
3 Room . . . . .	\$275
4 Rooms . . . . .	\$300
5 Rooms . . . . .	\$325
6 Rooms . . . . .	\$350
7 Rooms . . . . .	\$375
8 Rooms . . . . .	\$400
9 Rooms . . . . .	\$425
10 Rooms . . . . .	\$450
\$25 per room over 10 ROOMS	

Application Fee of \$100 (**nonrefundable**)

New inns will also be charged a one time \$50 Internet setup fee

Upon approval, new members will be billed for dues prorated quarterly.

#### Membership Prerequisites: **These must all be completed BEFORE an inspection takes place**

- \_\_\_ My business is currently operating and open to the public.
- \_\_\_ My business publishes written room rates, reservation, and cancellation policies.
- \_\_\_ At the minimum, a continental, seated breakfast is included in the price of the room.
- \_\_\_ Any hall or shared bath, as well as all guest sleeping rooms, have locks on the doors.
- \_\_\_ All owners, innkeepers and staff shall adhere to and sign the Code of Ethics of the BBAV.
- \_\_\_ I am the owner of the B & B/Inn applying for membership in the BBAV.
- \_\_\_ Copies of the following documents as required by the State of Virginia or by my locality are attached.  
\_\_\_ **BBAV Code of Ethics** \_\_\_ **Business License (if applicable)** \_\_\_ **Health Dept. Permit** \_\_\_ **Virginia Sales Tax Certificate**  
\_\_\_ **A copy of the declarations page of my commercial liability insurance policy is attached.**

Please include 4 photos of your inn

**The image of your inn must be a High Resolution Digital image** submitted on a CD, or hard copy photo.

This is for use in the BBAV Directory. We can obtain images for the website from your web site

I understand that membership acceptance is conditioned upon the completeness and accuracy of this application, successful site inspection, timely payment of dues, and agreement to hold the Association harmless for any of its acts.

Signature of Owner/s: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Innkeeper/s: \_\_\_\_\_ Date: \_\_\_\_\_