

Bed & Breakfast Innkeepers of Colorado Association

Membership Chairman
P.O. Box 38416
Colorado Springs, CO 80937-8416

AFFILIATE MEMBERSHIP APPLICATION

Affiliate Memberships are open to businesses that offer products or services to BBIC members and are not lodging establishments or aspiring innkeepers.

Have you remembered the following?

- Completed, signed application Current calendar year's dues of \$100

I have enclosed the above information. I understand that if I should open a bed & breakfast establishment, that my Affiliate Membership will be terminated and that I must submit a new application for Full Membership. I also understand that my Affiliate Membership includes all member benefits with the exception of voting privileges.

Signed _____

Date _____

Title

Name of Business

Contact Person

Physical
Address

Street

City, State, Zip

Mailing
Address

Street/Post Office Box

City, State, Zip

Phone Number

Email Address

Toll Free Number

Web Site Address

Fax Number

Please describe your type of business and how it fits in with the bed & breakfast industry. This information will be printed for our members.

Thank you for your application to the Bed & Breakfast Innkeepers of Colorado.