



ALASKA'S Mat-Su BED & BREAKFAST ASSOCIATION

www.alaskalodgingmatsu.com

Membership Application

DATE _____

Please read the instructions thoroughly, and fill out the form EXACTLY the way you wish to have your business represented in the Directory and internet advertising!

Renewing Membership for AMSBBA

_____ IF You **ARE NOT** due for re-inspection. (**self inspection required every 3rd year**) Please fill in your lodging facility name and any other info that has changed. Sign and date at the bottom. Include a check for \$100 for Regular Membership or \$200 for *Enhanced membership and send it to Alaska's Harvest, PO Box 2092, Palmer, AK 99645

_____ IF you **ARE** due for a re-inspection as per letter of notification (**self inspection required every 3rd year**) Please fill out this form completely, date and sign at the bottom. **NOTE:** Print and complete the Quality Assurance Review form http://www.matsuavailability.com/images/Quality_Assurance_checklist_2015.pdf Send it along with this Membership Renewal form and payment of \$100-Regular Membership or \$200 -*Enhanced Membership to Alaska's Harvest, PO Box 2092, Palmer, AK 99645. All must be completed and sent before the renewal deadline date of December 1st.

New Membership for AMSBBA:

Please fill out this form completely, date and sign it at the bottom. Attach a copy of your insurance showing a minimum of \$500,000 liability insurance. Send this to. Alaska's Harvest, PO Box 2092, Palmer, AK 99645. You will be contacted to set up your inspection date. \$100 dues for the calendar year for Regular Membership or \$200 for *Enhanced Membership, plus a one-time \$35 administrative fee for application and inspection are paid at the time of passing your inspection.

_____ **Affiliate Membership (New or Renewing):** Please fill out the 30 word description of this form, date and sign it at the bottom. Attach a check for \$100 for dues for calendar year, and send to Alaska's Harvest, PO Box 2092, Palmer, AK 99645

***Enhanced Membership:** is for those renewing OR new members who wish to take advantage of additional traffic to your website and featured exposure at events and/or online, to route a greater amount of business and referrals your way for a total membership fee of \$200 a year.

Business Name _____ Contact person _____

Mailing Address _____

Phone _____ Fax _____ Toll Free _____

E-mail address _____ Website address: www. _____

Physical address of your B&B _____

30-word description for your listing on AMSBBA website, printed directories, and press information:

***Information required for AMSBBA Applications to be accepted**

***Alaska Business License number** _____ ***City Business License number** _____

***Mat-Su Borough Business License number** _____ ***Mat-Su Transient (Bed Tax) number** _____

Sign to verify that you have the appropriate insurance and acknowledge the AMSBBA is in no way liable for any property or incidents regarding your individual business X

***Name of insurance company** _____ **policy #** _____

Open: _____ Year round _____ Seasonally from _____ To _____

Maximum # of guests per night _____ Total # of units: _____ rooms _____ suites/apts _____ cabins _____ other _____

Signed _____ Date _____

FOR AMSBBA USE:

Date Rcd. _____ Copy to QA for New Member Inspections _____ Checked Business Licenses _____