



# B&B MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

Title (Innkeeper/Manager): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## DUES CALCULATION

Room Count: \_\_\_\_\_

Food & Beverage Operation: Yes \_\_\_\_\_ No \_\_\_\_\_

### Bed & Breakfast/Inn:

CLA Membership 1 – 9 rooms	\$100/year
CLA Membership 10 and over rooms	\$300/year
Add AH&LA Membership	\$2 per room

**Total Membership Fee Due: \$** \_\_\_\_\_

\_\_\_ Find check payable to: CT Lodging Association, P.O. BOX 1576, New Haven, CT 06506

\_\_\_ Bill my credit card: \_\_\_\_\_ MC \_\_\_\_\_ VISA \_\_\_\_\_ AMEX

CC#: \_\_\_\_\_ CVV \_\_\_\_\_

Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_